



Veterans Affairs Media Summary and News Clips

22 November 2017

1. [Top Stories](#)

1.1 - The Washington Post (AP): [VA study shows parasite from Vietnam may be killing vets](#) (21 November, Margie Mason and Robin McDowell, 43.9M online visitors/mo; Washington, DC)

— A half a century after serving in Vietnam, hundreds of veterans have a new reason to believe they may be dying from a silent bullet — test results show some men may have been infected by a slow-killing parasite while fighting in the jungles of Southeast Asia. The Department of Veterans Affairs this spring commissioned a small pilot study to look into the link between liver flukes ingested through raw or undercooked fish and a rare bile duct cancer.

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1.2 - Military Times: [Proposal would create a new vets insurance program, bypassing VA](#) (21 November, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

A Colorado lawmaker on Tuesday introduced legislation to create a veterans health insurance program to allow them to skip the Department of Veterans Affairs entirely and get private-sector medical care at taxpayers' expense. "This bill throws out the idea of acceptable patient wait times and eliminates the requirement of the veteran to ask for VA permission to use civilian medical providers," said Rep. Doug Lamborn, a Republican and former member of the House Veterans' Affairs Committee.

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1.3 - Omaha World-Herald: [Ernst, Grassley want answers on VA's unauthorized waiting lists](#) (21 November, Joseph Morton and Steve Liewer, 2.1M online visitors/mo; Omaha, NE)

— Both of Iowa's U.S. senators have fresh questions for the Department of Veterans Affairs in the wake of a World-Herald report that problems with unauthorized wait lists at its Omaha facility go back much further than was previously known. "As we stated in our first letter, it is important for veterans and taxpayers to know what disciplinary measures are being applied," Sens. Joni Ernst and Chuck Grassley...

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1.4 - Stars and Stripes: [House Veterans committee chairman takes oversight on the road](#) (21 November, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The last stop for Tennessee Rep. Phil Roe before heading home for Thanksgiving was Little Rock, where the chairman of the House Committee on Veterans' Affairs promised quick action on legislation increasing veterans' private-sector health care options. Despite concerns about cost, privatization and the influence of outside parties -- such as the conservative Koch political network.

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2. [Greater Choice for Veterans](#)

2.1 - WFED (AM-1500): [Senate silent on a federal pay raise, and other bills to watch next week](#) (21 November, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

Efforts to quickly pass legislation that would force the Veterans Affairs Department to take a holistic look at its bloated inventory of outdated, underused and vacant buildings hit a snag last week. The House Rules Committee was scheduled to review the VA Asset and Infrastructure Review (AIR) Act last Tuesday, but lawmakers took the hearing off the agenda.

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2.2 - WHBQ (FOX-13, Video): [Memphis VA Medical Center cuts ribbon on emergency room renovation project](#) (21 November, Marius Payton, 618k online visitors/mo; Memphis, TN)

The Memphis VA Medical Center cut the ribbon on an emergency room renovation project Tuesday morning. Patients, doctors and staff, and even Congressman Steve Cohen got first glimpse at the 10,000-square foot space. FOX13 discovered VA leaders hope this renovated building can reshape a hospital with a troubled past.

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2.3 - Mankato Free Press: [OUR VIEW: Veterans: Getting mental health care to all veterans](#) (21 November, 193k online visitors/mo; Mankato, MN)

Combat veterans have faced horrors most of us never have to deal with or can truly imagine. Many of those veterans need the professional mental health care services that can help them adjust as they return to their lives and careers. Unfortunately a large group of veterans have no access to services at the Veterans Affairs Department because they had less-than-honorable discharges from the military.

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2.4 - WATN (ABC-24, Video): [Memphis VA Medical Center Celebrates Opening Of New Emergency Department](#) (21 November, Brad Broders, 54k online visitors/mo; Memphis, TN)

With the cutting of a ribbon, the Memphis VA Medical Center begins a new era of patient care. Staff celebrated the recent opening of the hospital's new emergency department Wednesday morning. The department features the most high-tech equipment in the nation, including x-ray machines, digital CT scans, and an upgraded computer system.

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2.5 - WBDK (FM-96.7, Audio): [Veterans choice health care program still work in progress](#) (21 November, Tim Kowols, 53k online visitors/mo; Sturgeon Bay, WI)

Area veterans continue their waiting game when it comes to a private option with their healthcare. The Veterans Choice programs from the Department of Veterans Affairs allows qualified individuals to get the help they need from a private healthcare provider if they are too far or wait too long for an appointment at a local VA facility.

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2.6 - El Dorado News-Times: [Opening of new VA clinic delayed again, Circuit issues push opening date to Nov. 30](#) (21 November, Madeleine Leroux, 7.9k online visitors/mo; El Dorado, AR)

The opening of a new community based outpatient clinic for area veterans has been delayed for a second time. The 10,000-square-foot facility at 1702 N. West Ave. will replace the existing

clinic at 514 E. 5th St. In August, officials said the new community based outpatient clinic would begin seeing patients starting Oct. 2.

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3. Modernize Our System

3.1 - Healthcare IT News: [Telehealth policy changes mean big revenue opportunities for hospitals - Pending developments in government policy around access to virtual care and reimbursement for services delivered are opening doors for hospital executives.](#) (21 November, Jeff Lagasse, 438k online visitors/mo; Portland, ME)

Telemedicine is becoming increasingly popular as the financial benefits for providers who offer it come to light. And new policy changes in Washington and around the country are poised to rattle the reimbursement landscape and open big opportunities for hospitals and health systems to drive more revenue from virtual care.

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3.2 - Healthcare Finance: [Telehealth policy changes mean big revenue opportunities for hospitals](#) (21 November, Jeff Lagasse, 163k online visitors/mo; Portland, ME)

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3.3 - Health Data Management: [VA gets closer to expansion of telemedicine services](#) (21 November, Joseph Goedert, 143k online visitors/mo; New York, NY)

Recent approval of the Veterans E-Health and Telemedicine Support Act of 2017 by the House of Representatives increases the possibility of physicians soon being able to conduct telemedicine consultations across state boundaries, significantly increasing veterans' access to consultations. House action could eventually pave the way for the general public to have more access to treatment options, says Kristi Fahy...

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3.4 - ExecutiveGov: [DoD, VA Update Sen. John McCain on \\$4.3B EHR Implementation Program](#) (21 November, Jane Edwards, 20k online visitors/mo; Tysons Corner, VA)

The departments of Defense and Veterans Affairs told Congress that VA and DoD work together to evaluate business processes and identify the necessary changes throughout the lifecycle of a \$4.3 billion contract that seeks to help the Pentagon deploy a commercial electronic health record system, Federal News Radio reported Monday.

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3.5 - Healthcare Analytics News: [VA Patients Granted Free Access to Cognitive Therapy App](#) (21 November, Ryan Black, 17k online visitors/mo; Cranbury, NJ)

While the Department of Veterans Affairs (VA) faces a nationwide staffing shortage, military members suffer cognitive and mental health conditions at higher rates than the general

population. Because of these factors, mHealth and telehealth solutions are becoming increasingly vital to veterans' health.

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4. Focus Resources More Efficiently

4.1 - Arkansas Democrat-Gazette: [Lawmakers get earful at Little Rock vets-care forum](#) (21 November, Hunter Field, 871k online visitors/mo; Little Rock, AR)

The town hall-style meeting sprawled from contentious to off-topic, but afterward, most veterans gathered at the Little Rock veterans hospital on Monday were glad the chairman of the U.S. House Committee on Veterans Affairs heard their concerns. U.S. Rep. Phil Roe, R-Tenn., who chairs the House panel, joined U.S. Rep. French Hill, R-Ark., at the John L. McClellan Memorial Veterans Hospital for one of Hill's Veterans Advisory Council meetings.

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4.2 - KEZI (ABC-24, Video): [Special Report: Eugene VA Staff Fear Retaliation](#) (21 November, Amber Wilmarth, 164k online visitors/mo; Eugene, OR)

Investigators will be returning to the Roseburg and Eugene clinics after Thanksgiving to continue interviewing staff about personnel issues, medical care and patient safety. This comes after several allegations of poor practices at the local VA clinics. Former and current medical staff members tell KEZI that they're desperate for change.

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4.3 - Chinook Observer: [Veterans voice VA concerns to members of Congress](#) (21 November, 6.2k online visitors/mo; Long Beach, WA)

Local area veterans had the opportunity to meet with U.S. Reps. Phil Roe, R-Tenn., and Jaime Herrera-Beutler, R-Wash., on Saturday, Nov. 18. Congressman Roe is chairman of the U.S. House of Representatives Committee on Veterans Affairs. During his comments, Roe said that while backlog at the Department of Veterans Affairs has been reduced, there are still 470,000 claims on the waiting list.

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5. Improve Timeliness of Service

5.1 - Denver Post: [More wait-list woes in VA system fail our veterans](#) (21 November, Editorial Board, 4.8M online visitors/mo; Denver, CO)

In the same month that our nation celebrated its veterans, a new federal investigation found that VA officials broke the rules by keeping extensive off-the-books waiting lists for patients seeking mental-health therapy. This is depressing news, and difficult to accept following the bruising lessons the U.S. Department of Veterans Affairs should have learned after the discovery in 2014 of past wait-list violations in which 35 veterans died waiting for care.

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5.2 - Columbus Dispatch: [Despite changes, some vets still displeased with VA health care](#) (21 November, Marty Schladen, 2.1M online visitors/mo; Columbus, OH)

Officials with the U.S. Department of Veterans Affairs have been working to increase staff and cut wait times for medical care, but at a hearing Tuesday, the agency's customers didn't sound completely satisfied. Sen. Sherrod Brown, D-Ohio, came to Columbus to conduct a field hearing of the Senate Committee on Veterans Affairs at the Columbus Metropolitan Library. Other members of the committee weren't present, but U.S. Rep. Joyce Beatty, D-Columbus, attended.

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5.3 - WBNS (CBS-10, Video): [Ohio veterans voice concerns over VA staffing, mental health treatment](#) (21 November, Kevin Landers, 1.5M online visitors/mo; Columbus, OH)

Nationally, the Veterans Administration has thousands of staffing positions open. It's wait times while improving, need to be shorter and it's processing of claims needs to be quicker. Those are just some of the concerns voiced during a Senate hearing on Veteran affairs at the Main Library Downtown.

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5.4 - KDFW (FOX-4): [Manager says low staffing causing health risks at Dallas V.A. hospital](#) (21 November, 1.2M online visitors/mo; Dallas, TX)

One Dallas V.A. hospital manager says a shortage of specialized staff to clean medical treatment areas could set up a health risk inside the V.A. hospital. Staffing in environmental medical services has consistently been short at the V.A. Until July, the staffing shortage was made up by bringing people in on overtime. But that's no longer the case.

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5.5 - WCMH (NBC-4, Video): [Veterans testify about health care concerns](#) (21 November, Ted Hart, 1.1M online visitors/mo; Columbus, OH)

Veteran Army Sgt. James Powers had the undivided attention of a U.S. Senator and a room full of veterans. "When I came home from Iraq in 2010 my transition, like many others, didn't go well," Powers said. "My life for the next 4 years slowly spiraled out of control."

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5.6 - Rockford Register Star: [Army veteran grateful for bionic arm](#) (21 November, Susan Vela, 301k online visitors/mo; Rockford, IL)

Krischke, an East High graduate, used the local VA Medical Center while living in Florida, and volunteered to be a test subject during development of the bionic LUKE arm. The acronym, which stands for Life Under Kinetic Evolution, is named for the Star Wars protagonist who lost his hand in a duel.

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5.7 - KTVN (CBS-2, Video): [Reno VA Hospital Helping Vets With Opioid Addiction](#) (20 November, Jaimie Hays, 167k online visitors/mo; Reno, NV)

Opioid addiction has been on the rise across America, it has killed more Americans than the Iraq, Afghanistan and Vietnam Wars combined, which is raising concern for care advocates for veterans. According to the Centers for Disease Control, last year alone opioids killed more than

64,000 Americans, and according to a psychiatrist at the Reno VA Hospital, 20% of males will have some kind of addiction in their lifetime...

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5.8 - Fierce Healthcare: [Chronic care management improves as VA clinics implement patient-centered medical homes](#) (21 November, Joanne Finnegan, 141k online visitors/mo; Washington, DC)

The more primary care clinics implemented components of a patient-centered medical home model, the greater they were able to improve their management of chronic diseases, a new study found. The study, published in Health Services Research, reviewed data from more than 800 Veterans Health Administration (VHA) primary care clinics and revealed that national implementation of a patient-centered medical home (PCMH) model improved several chronic disease outcomes over time.

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6. [Suicide Prevention](#)

6.1 - WKSU (NPR-89.7, Audio): [VA Field Hearing in Columbus Addresses Suicide Rate Among Vets](#) (21 November, Esther Honig, 74k online visitors/mo; Kent, OH)

Ohio veterans as well as top VA officials met in Columbus today to talk about issues including suicide. For Ohio Public Radio, WOSU's Esther Honig reports on the field hearing organized by a member of the Veterans Affairs committee. Ohio is home to over 800,000 veterans, the majority of which are over the age of 55. Brown, who sits on the senate Veterans Affairs Committee, says he's most concerned about the alarmingly high rate of suicides among vets...

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - HuffPost: [Looking Back and Moving Forward—Supporting Our Veterans Through the Arts](#) (21 November, Robert L. Lynch, 22.9M online visitors/mo; New York, NY)

November is Veterans Month, a time to celebrate, honor, and reflect on the contributions of the men and women who have served our country in peacetime and in conflict. Earlier this month, I made my way to Walter Reed National Military Medical Center for their 14th Annual Healing Arts Exhibit and Symposium, where I was met by the champion of this effort, Captain Moira G. McGuire, and had an opportunity to explore the art on display.

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7.2 - Pittsburgh Post-Gazette: [Pittsburgh and Allegheny County 'effectively' end veterans homelessness](#) (21 November, Kate Giammarise, 4.8M online visitors/mo; Pittsburgh, PA)

By helping to house more than 500 homeless veterans since 2014, Pittsburgh and Allegheny County have "effectively" ended veteran homelessness, officials declared Tuesday. The designation, announced by County Executive Rich Fitzgerald, Pittsburgh Mayor Bill Peduto and U.S. Department of Housing and Urban Development Regional Administrator Joe DeFelice, means that infrastructure and programs are in place to rapidly and permanently house any homeless veteran.

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7.3 - Inside Higher Ed: [Democratic senators urge VA, Department of Defense to protect Ashford students](#) (22 November, Andrew Kreighbaum, 1.6M ovm; Washington, DC)

In separate letters to the Departments of Defense and Veterans Affairs Tuesday, Democratic senators called for additional steps to protect student veterans and service members enrolled at Ashford University, which is slated to lose GI Bill eligibility within 60 days. Ashford last week said it would suspend enrollment of new student veterans who receive Post-9/11 GI Bill benefits...

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7.4 - ConnectingVets (CBS News Radio): [Incarcerated veterans and the VA: getting help before and after jail](#) (21 November, Jonathan Kaupanger, 23k online visitors/mo; New York, NY)

My brother, who was probably struggling with a mental illness, was in and out of jail until an early death in 1993. Today his crimes would most likely fall under the unnecessary criminalization of mental illness category. After the first time in jail, he just sort of gave up. The VA has two specialized programs to make sure veterans don't fall into that same trap: the Health Care for Reentry Veterans (HCRV) and Veterans Justice Outreach (VJO). These programs are not a legal service—Veterans Affairs can't do that— but they focus more on prevention.

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8. [Other](#)

8.1 - Pittsburgh Tribune-Review: [VA warns vets about fake Veterans Choice Program hotline](#) (21 November, 1.5M online visitors/mo; Pittsburgh, PA)

The Department of Veterans Affairs is warning veterans to be careful when calling the toll-free number for the Veterans Choice Program. Another phone line that mirrors the hotline but uses 800 instead of 866 as the area code offers callers a \$100 rebate if they provide a credit card number but actually is trying to steal their identities, the agency said.

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8.2 - St. Cloud Times: [St. Cloud police investigate threatening call that mentions Crossroads](#) (21 November, 192k online visitors/mo; St. Cloud, MN)

St. Cloud police say an out-of-state woman calling a Veterans Administration crisis line in Georgia made threats involving Crossroads Center on Monday night, prompting some police presence when the mall closed and again Tuesday morning. The St. Cloud dispatch center received a call from the crisis line at 8:38 p.m. Monday with information about the threat, which mentioned a firearm.

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8.3 - KSLA (CBS-12): [Bus resumes dropping passengers off in front of VA hospital](#) (21 November, 192k online visitors/mo; Shreveport, LA)

The Shreveport city bus is now bringing passengers up the hill to the front of Overton Brooks VA Medical Center once again. Recently the city changed the bus routes and moved the bus stop across the street to Stoner Avenue at Easy Street. Veterans like Calvin Carter were upset about the change.

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1. [Top Stories](#)

1.1 - The Washington Post (AP): [VA study shows parasite from Vietnam may be killing vets](#) (21 November, Margie Mason and Robin McDowell, 43.9M online visitors/mo; Washington, DC)

HERALD, W.Va. — A half a century after serving in Vietnam, hundreds of veterans have a new reason to believe they may be dying from a silent bullet — test results show some men may have been infected by a slow-killing parasite while fighting in the jungles of Southeast Asia.

The Department of Veterans Affairs this spring commissioned a small pilot study to look into the link between liver flukes ingested through raw or undercooked fish and a rare bile duct cancer. It can take decades for symptoms to appear. By then, patients are often in tremendous pain, with just a few months to live.

Of the 50 blood samples submitted, more than 20 percent came back positive or bordering positive for liver fluke antibodies, said Sung-Tae Hong, the tropical medicine specialist who carried out the tests at Seoul National University in South Korea.

“It was surprising,” he said, stressing the preliminary results could include false positives and that the research is ongoing.

Northport VA Medical Center spokesman Christopher Goodman confirmed the New York facility collected the samples and sent them to the lab. He would not comment on the findings, but said everyone who tested positive was notified.

Gerry Wiggins, who served in Vietnam from 1968 to 1969, has already lost friends to the disease. He was among those who got the call.

“I was in a state of shock,” he said. “I didn’t think it would be me.”

The 69-year-old, who lives in Port Jefferson Station, New York, didn’t have any symptoms when he agreed to take part in the study, but hoped his participation could help save lives. He immediately scheduled further tests, discovering he had two cysts on his bile duct, which had the potential to develop into the cancer, known as cholangiocarcinoma. They have since been removed and — for now — he’s doing well.

Though rarely found in Americans, the parasites infect an estimated 25 million people worldwide.

Endemic in the rivers of Vietnam, the worms can easily be wiped out with a handful of pills early on, but left untreated they can live for decades without making their hosts sick. Over time, swelling and inflammation of the bile duct can lead to cancer. Jaundice, itchy skin, weight loss and other symptoms appear only when the disease is in its final stages.

The VA study, along with a call by Senate Minority Leader Charles Schumer of New York for broader research into liver flukes and cancer-stricken veterans, began after The Associated Press raised the issue in a story last year. The reporting found that about 700 veterans with

cholangiocarcinoma have been seen by the VA in the past 15 years. Less than half of them submitted claims for service-related benefits, mostly because they were not aware of a possible connection to Vietnam. The VA rejected 80 percent of the requests, but decisions often appeared to be haphazard or contradictory, depending on what desks they landed on, the AP found.

The numbers of claims submitted reached 60 in 2017, up from 41 last year. Nearly three out of four of those cases were also denied, even though the government posted a warning on its website this year saying veterans who ate raw or undercooked freshwater fish while in Vietnam might be at risk. It stopped short of urging them to get ultrasounds or other tests, saying there was currently no evidence the vets had higher infection rates than the general population.

“We are taking this seriously,” said Curt Cashour, a spokesman with the Department of Veterans Affairs. “But until further research, a recommendation cannot be made either way.”

Veteran Mike Baughman, 65, who was featured in the previous AP article, said his claim was granted early this year after being denied three times. He said the approval came right after his doctor wrote a letter saying his bile duct cancer was “more likely than not” caused by liver flukes from the uncooked fish he and his unit in Vietnam ate when they ran out of rations in the jungle. He now gets about \$3,100 a month and says he’s relieved to know his wife will continue to receive benefits after he dies. But he remains angry that other veterans’ last days are consumed by fighting the same government they went to war for as young men.

“In the best of all worlds, if you came down with cholangiocarcinoma, just like Agent Orange, you automatically were in,” he said, referring to benefits granted to veterans exposed to the toxic defoliant sprayed in Vietnam. “You didn’t have to go fighting.”

Baughman, who is thin and weak, recently plucked out “Country Roads” on a bass during a jam session at his cabin in West Virginia. He wishes the VA would do more to raise awareness about liver flukes and to encourage Vietnam veterans to get an ultrasound that can detect inflammation.

“Personally, I got what I needed, but if you look at the bigger picture with all these other veterans, they don’t know what necessarily to do,” he said. “None of them have even heard of it before. A lot of them give me that blank stare like, ‘You’ve got what?’”

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1.2 - Military Times: [Proposal would create a new vets insurance program, bypassing VA](#) (21 November, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — A Colorado lawmaker on Tuesday introduced legislation to create a veterans health insurance program to allow them to skip the Department of Veterans Affairs entirely and get private-sector medical care at taxpayers’ expense.

“This bill throws out the idea of acceptable patient wait times and eliminates the requirement of the veteran to ask for VA permission to use civilian medical providers,” said Rep. Doug Lamborn, a Republican and former member of the House Veterans’ Affairs Committee.

“It gives veterans full authority to use the existing VA system or not.”

The move comes amid a fierce debate on Capitol Hill among veterans groups, conservative activists and VA officials over the future role of federal veterans' health care and how to fulfill federal responsibilities.

Next week, lawmakers from the House veterans committee are expected to advance with bipartisan support a new proposal to overhaul the VA's community care programs, giving more access to veterans to go outside the department for medical appointments with federal dollars.

With that plan, which has received criticism from some veterans groups for pulling away money from existing VA health services, VA doctors would still be the primary care coordinator for veteran patients.

VA Secretary David Shulkin has proposed going even further, lifting limits on walk-in services for a host of ailments in an effort to alleviate pressure on VA systems and free up private-sector access for veterans.

In an interview with the Wall Street Journal this week, Shulkin said he wants to make the VA's hospital system compete with private-sector providers. "The direction I'm taking this is to give veterans more choice in their care and be the decision maker for their care, which I fundamentally believe is a concept that has to be implemented," Shulkin told the newspaper.

It's a position advanced by conservative activists in recent years but derided by Democratic lawmakers and major veterans organizations as "privatizing" the department. Shulkin has pushed back on the accusation repeatedly, saying he still envisions a critical and enduring role for VA.

Lamborn's legislation would take a step beyond Shulkin's proposal. The legislation creates a new health insurance system similar to the military's Tricare Standard program, allowing them to go to doctors outside the VA to receive a wide range of care.

"Giving them options to choose their health care plans and doctors is empowering," Lamborn said in a statement. "This bill means veterans, especially those with extreme disabilities, can expect to have their needs taken care of quickly and efficiently. It's good policy and makes sense."

Whether veterans will receive faster — or better — medical appointments outside the VA system has been a key point of disagreement among veterans' advocates.

Critics argue that private-sector physicians will not be able to easily accept tens of thousands of new veterans as patients and that many doctors unfamiliar with war wounds like traumatic brain injury and burn pit exposure are ill-equipped to offer the same full spectrum of health monitoring of trained VA staff.

And there are also concerns about the cost. Veterans groups like Veterans of Foreign Wars, Disabled American Veterans and the American Legion have testified before Congress they are concerned that shifting federal funding from internal VA programs to outside medical offices will limit resources for patients who remain in the VA system.

But a coalition of conservative groups — led by organizations with ties to the Koch brothers network of activists — has pushed for that type of complete divorce from VA as the center of veterans care efforts.

“We can’t leave the VA medical system in its current state and expect results to improve for our veterans,” said Concerned Veterans for America Executive Director Dan Caldwell, whose group has blasted the department as a failing health care system for years.

“This is a historic opportunity to finally go beyond the failed status quo at the VA and provide veterans with the best care possible. We applaud Rep. Lamborn for introducing this bill and strongly urge Congress to pass it into law.”

The measure faces a difficult path to become law. Democratic lawmakers in the House and Senate have strongly objected to similar proposals in the past, including an idea from House leadership last year.

Meanwhile, House Veterans’ Affairs Committee Chairman Phil Roe, R-Tenn., has said he is confident the bipartisan-backed measure on his committee’s schedule is the proper compromise to improve veterans care and VA operations. Senate lawmakers have not yet weighed in on the proposal but based on past comments are more likely to back that measure than Lamborn’s idea.

Last week, White House officials received criticism for exploring a proposal behind closed doors to link some VA services with Tricare programs in the future. Administration officials held multiple meetings and drew up preliminary implementation plans without discussing the idea with lawmakers and stakeholders, prompting concerns about transparency.

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1.3 - Omaha World-Herald: [Ernst, Grassley want answers on VA's unauthorized waiting lists](#) (21 November, Joseph Morton and Steve Liewer, 2.1M online visitors/mo; Omaha, NE)

WASHINGTON — Both of Iowa’s U.S. senators have fresh questions for the Department of Veterans Affairs in the wake of a World-Herald report that problems with unauthorized wait lists at its Omaha facility go back much further than was previously known.

“As we stated in our first letter, it is important for veterans and taxpayers to know what disciplinary measures are being applied,” Sens. Joni Ernst and Chuck Grassley, both Republicans, wrote Tuesday. “We request that you keep us informed on how the Department of Veterans Affairs plans to hold culpable individuals accountable to ensure that this situation will not reoccur and the extent to which the scope of the VA’s ongoing investigation will include the older waitlists.”

The World-Herald previously revealed the discovery of an unauthorized list earlier this year — revelations that prompted an initial round of requests to the VA for more information from Ernst, Grassley and Sen. Ben Sasse, R-Neb.

In responses to the senators, VA officials stated that the waiting list violations at the outpatient mental health clinic occurred “during the Spring 2017 timeframe” and resulted in delayed care to 87 veterans.

The earlier wait lists, however, had been in use for years. They “distorted” wait-time data sent to the national VA, a 2015 investigation concluded.

Omaha VA Director Don Burman said Friday that he learned of the wait lists soon after taking the helm of the Omaha-based VA Nebraska-Western Iowa Health Care System in the spring of 2015. Internal investigations verified the problem, and he called an administrative investigation board, bringing in two outsiders from other VA systems to conduct it.

In their letter Tuesday to VA Secretary David Shulkin, Ernst and Grassley nodded to their previous inquiry and the VA response to it.

“We appreciated your prompt response and were glad to hear that corrective action is being taken so this does not happen again,” they wrote.

But they cited the recent World-Herald report that the problems went back many years.

“This report indicated that there were corrective actions taken previously, which were apparently not entirely successful in that the use of unauthorized waitlists reoccurred,” they wrote.

They asked the VA to provide additional information on the older wait lists by Dec. 1.

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1.4 - Stars and Stripes: [House Veterans committee chairman takes oversight on the road](#) (21 November, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

LITTLE ROCK, Ark. — The last stop for Tennessee Rep. Phil Roe before heading home for Thanksgiving was Little Rock, where the chairman of the House Committee on Veterans’ Affairs promised quick action on legislation increasing veterans’ private-sector health care options.

Despite concerns about cost, privatization and the influence of outside parties -- such as the conservative Koch political network -- Roe said Monday that the committee has come to a consensus on the Veterans Choice program and will likely advance legislation after the weeklong holiday break.

“We’ve got a bill coming up that I’ve been working on about a year. I’ve got every Democrat and Republican on the committee agreed to it,” along with veterans service organizations, Roe said, without offering other details. “We want the veteran to be able to make a choice, not the bureaucracy. We want to put the strength and decision-making back where it ought to be, which is with the veteran.”

Overhauling the Choice program and setting new rules about when and where vets can get care outside the Department of Veterans Affairs is the most important test for the busy committee. It has met 53 times since it was formed in January, and it has completed some of its heftiest legislative goals. Bills have been sent to President Donald Trump that improve GI Bill benefits, make it easier to discipline VA workers and modernize the VA benefits appeals process.

In addition to their meetings in Washington, members of the House Committee on Veterans’ Affairs have conducted 23 visits between January and September -- some to investigate

accusations of wrongdoing and others, like Roe's visit to Arkansas, to get ideas about what they should be working on in Washington. Roe, 72, has been part of about a dozen of those visits, including a three-state trip that began Friday in Spokane, Wash., and ended Monday in Arkansas.

It's a mandate Roe set for himself when he was selected as chairman in December.

"When I got this job, I said I wanted to travel around. I know what my own VA looks like and all, but I wanted to go to others," Roe said. "I've been to both Democrat and Republican districts, and I'll continue to do that as long as I'm chairman."

Rep. French Hill, R-Ark., invited Roe to Little Rock to a meeting of his Veterans Advisory Council at the John L. McClellan Veterans Hospital. About 100 veterans, advocates and VA health care providers attended the town-hall meeting, where veterans submitted questions to Roe, Hill and local VA officials.

Veterans in Little Rock asked about some of the biggest issues facing the VA, from prescription painkiller practices to rural health care.

They heard from veteran Mike Ross about challenges getting VA benefits for Gulf War illness; and from Vera Santiago, the wife of a veteran suffering from post-traumatic stress disorder, who wanted to see more help for homeless veterans.

Vietnam War-era veteran Alfredo Davila voiced his frustrations about the VA restricting painkillers but not providing acceptable alternatives. The VA began more strictly limiting access to opioid prescriptions for chronic pain management in an effort to curb addiction and overdose. Last year, the agency reported it has cut the number of VA patients on opioids by 25 percent since 2012.

"They treat me as though I'm an addict instead of a patient," Davila said. "What am I to do if they take my medicine away? What are we to do? We're out here suffering with a lot of pain."

Dr. Margie Scott, director of the Central Arkansas Veterans Healthcare System, responded that veterans weaned off opioids could access physical therapy, chiropractic care, acupuncture and other alternatives in central Arkansas.

Veterans Affairs Secretary David Shulkin speaks at a conference held on Nov. 6, 2017 at the National Press Club in Washington, D.C.
Michael S. Darnell/Stars and Stripes
Veterans Affairs seeks \$782 million for electronic health records overhaul

"There is no single answer or single modality; it will be different for each veteran. It's not an easy problem to solve," she said. "But we have a charge to have safe medicine and ensure we aren't giving out narcotics."

David Williams, veterans service coordinator at the University of Central Arkansas in Conway, Ark., asked the VA for more outreach to student veterans at Arkansas colleges. Williams helps about 600 students each semester, he said, but not all colleges hire someone to work with student vets.

Roe was able to offer answers to Arkansas State Sen. Eddie Joe Williams, who asked for Congress to push the VA to expand its use of telemedicine. The committee Roe leads created a

bill to do that, and it passed the House earlier this month. It would create an exemption for VA doctors to treat patients across state lines, allowing them to reach more veterans in rural areas who lack access to VA facilities. The Senate must approve the bill before it can be signed into law, and Roe said he was optimistic that it would.

Roe said he'd add at least one specific issue raised Monday to the list of things he believes could be fixed by the committee back in Washington.

Don Berry, a retired Air Force colonel and member of the Military Officers Association of America, told the congressmen that recent pilot programs funded with grants from the VA Office of Rural Health were successful in Arkansas, but die off once the grants run out and no more funding is provided.

"You have a program that works and it's going great and then the grant runs out," Roe said. "We could find something that says, 'This grant works, it's scalable, can you take it nationwide?' That's certainly something I'll take back."

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2. Greater Choice for Veterans

2.1 - WFED (AM-1500): [Senate silent on a federal pay raise, and other bills to watch next week](#) (21 November, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

Congress remains quiet on a pay raise for federal employees in fiscal 2018, meaning the president's total average pay bump of 1.9 percent is getting closer to reality.

The Senate Appropriations Financial Services and General Government Subcommittee released its final version of the 2018 appropriations bill last week. The legislation does not offer an alternative to the White House's proposal, which President Donald Trump announced at the end of August.

Trump's set an average base raise of 1.4 percent, with an additional 0.5 percent adjusted for locality pay, for a total of 1.9 percent.

Congress can ultimately propose an alternative that differs from the president's suggestion, but the House has also been silent on a pay raise for civilian federal employees.

It's unlikely that Congress will settle the differences between the House and Senate versions and pass all appropriations bills for the fiscal year — much less before the current continuing resolution expires Dec. 8.

"The Senate Appropriations Committee has little time to finalize the regular appropriations bills and to consider additional supplemental appropriations requests for defense and for natural disaster recovery," Chairman Thad Cochran (R-Miss.) said in a Nov. 16 statement. "We need a new budget deal to finish our work. Congress and the administration must reach agreement on acceptable top line funding levels for defense and non-defense programs."

But with the Senate subcommittee's 2018 appropriations bill, Congress still seems poised to accept the president's pay proposal.

The Senate subcommittee funds civilian agencies at \$637 million below the previous year. The IRS would see a \$124 million funding cut in fiscal 2018.

Like the House version, the Senate bill includes none of \$790 million the General Services Administration requested for federal construction. The Federal Buildings Fund would also see \$1 billion cut compared to the previous year.

Under the Senate version, the Office of Personnel Management could get \$1.8 million more than the previous fiscal year, but the legislation includes \$21 million for the agency's IT modernization efforts — about \$16 million below OPM's request of \$37 million.

Beyond these appropriations bills, here other pieces of legislation worth watching when Congress returns to Capitol Hill next week.

VA 'BRAC'

Efforts to quickly pass legislation that would force the Veterans Affairs Department to take a holistic look at its bloated inventory of outdated, underused and vacant buildings hit a snag last week.

The House Rules Committee was scheduled to review the VA Asset and Infrastructure Review (AIR) Act last Tuesday, but lawmakers took the hearing off the agenda.

Though Democrats on the House Veterans Affairs Committee criticized the push to move forward on asset review before finding a compromise on the future of the VA Choice Program, their dissent isn't the reason for the holdup.

Instead, a little-known law Congress passed last year is giving veterans groups and lawmakers their latest headache.

The House already passed the Federal Assets Sale and Transfer Act last year, which establishes a governmentwide Public Buildings Reform board to review agencies' vacant, underused or outdated facilities.

Under the asset sale act, the board is supposed to make recommendations to the Office of Management and Budget, which will eventually develop a governmentwide plan to dispose, sell or transfer unneeded federal property.

But the VA "AIR" bill conflicts with the premise of the Federal Assets Sale and Transfer Act, which already authorized a governmentwide review of federal property.

The VA legislation would establish a nine-member Asset and Infrastructure Review Commission to review the department's current medical facilities. The president would work with veterans service organizations to staff the commission, and the Senate would confirm all appointees.

It gives VA five years to gather its own market research and work with the presidentially-appointed commission to study the department's assets. It would have five years to develop a series of recommendations to submit for the president's review and Congress' consideration.

The bill had changed considerably throughout the legislative process, and House Veterans Affairs Committee Chairman Phil Roe (R-Tenn.) led several meetings with veterans organizations to discuss and make changes to the bill.

The VA committee is working with the House Transportation and Infrastructure Committee, which originally sponsored the Federal Assets Sale and Transfer Act last year. Roe specifically is working with members to find a solution and a path forward for the VA bill, a committee spokeswoman said.

The VA AIR Act also includes \$2.1 billion in additional funds for the Choice Program, which Roe said would give both Congress and the department time to finish negotiations on a new community care program.

In addition, the VA bill would also eliminate existing caps on employee bonuses and performance awards. The Veterans Access, Choice and Accountability Act of 2014, which hastily stood up the Choice program and introduced new “accountability” measures for VA employees and senior executives, put limits on bonuses and awards three years ago.

Bills on the move

The House will move next week on the Ensuring a Qualified Civil Service (EQUALS) Act, which extend the probationary period for most federal employees from one to two years. The Rules Committee is scheduled to review the bill next Wednesday.

Member organizations of the Government Managers Coalition have backed the bill, arguing the legislation would give new employees more time to complete specialized training and supervisors more time to evaluate their performance.

Meanwhile, the House last week passed the Foundations for Evidence-Based Policymaking Act, the House Speaker-sponsored bill that would authorize the creation of a new member to the C-suite: a chief evaluation officer. The legislation would put many of the recommendations from the Commission on Evidence-Based Policymaking in law.

The Senate Homeland Security and Governmental Affairs Committee has yet to mark up the bill.

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2.2 - WHBQ (FOX-13, Video): [Memphis VA Medical Center cuts ribbon on emergency room renovation project](#) (21 November, Marius Payton, 618k online visitors/mo; Memphis, TN)

MEMPHIS, Tenn. - The Memphis VA Medical Center cut the ribbon on an emergency room renovation project Tuesday morning.

Patients, doctors and staff, and even Congressman Steve Cohen got first glimpse at the 10,000-square foot space. FOX13 discovered VA leaders hope this renovated building can reshape a hospital with a troubled past.

"When you get a physical plan that is modern, it's more efficient. It takes into consideration what we can learn from other emergency rooms and physical flaws so you get your treatment quicker. You get your labs done quicker. You get to your patients quicker and you save lives," said Congressman Steve Cohen who was on hand for the reveal.

Saving veteran lives will be expected in this new state of the art emergency room. New, is a dedicated pharmacy, special rooms for labs and EKG's and even triage and fast track rooms. This renovation comes under the watch of New Facility director David Dunning.

"It all comes down to Mr. Dunning. It's the coach. It's like Mike Norvel. Mike Norvell made them Memphis football team champions, and Mr. Dunning is going to make the VA championship quality," Cohen said.

But unlike the nationally ranked Tigers, the Memphis VA is one of the worse ranked facilities in the country.

The Facility has been in the crosshairs of several Congressional investigations including one launched after FOX13 found the facility kicking hundreds of veterans off a secret wait list and retaliating against whistleblowers.

"Whistleblowers should never be subject to harassment, but I think they are safe. But I think they will have less to blow about," said Cohen.

Cohen went on to say he has heard from veterans who are appreciative of the new facilities and how their treatments will now be affected. A small way to say thank you, 10,000-square feet at a time to those who served.

"The VA needs to be first class, and this is first class. This is the beginning of making this entire hospital a stellar hospital in the VA system," added Cohen.

Cohen believes the physical changes of the facility, combined with the termination of some of the key staff members are important steps to bringing the facility back to respectability.

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2.3 - Mankato Free Press: [OUR VIEW: Veterans: Getting mental health care to all veterans](#)
(21 November, 193k online visitors/mo; Mankato, MN)

Combat veterans have faced horrors most of us never have to deal with or can truly imagine. Many of those veterans need the professional mental health care services that can help them adjust as they return to their lives and careers.

Unfortunately a large group of veterans have no access to services at the Veterans Affairs Department because they had less-than-honorable discharges from the military.

That could change if the U.S. Senate follows the lead of the House and passes a bill that would require the VA to provide vets with mental health assessments as well as treatment for urgent mental health care needs like suicide risk. It also would mandate a VA study to evaluate the effect of combat experience on veterans' mental health.

Currently, only honorably discharged vets have access to those services

The Government Accountability Office found 62 percent of 91,764 service members with less-than-honorable discharges over a five year period were diagnosed with post-traumatic stress disorder, traumatic brain injury or other mental health problems. Those conditions in many if not most cases contributed to problems that led to the less-than-honorable discharges.

While the proposed legislation acknowledges that the trauma of combat itself often contributes to a person's discharge from the service, the law would not provide the mental health coverage to service members whose conduct was so severe they received a dishonorable or bad-conduct discharge.

The expansion of mental health care for veterans can be nothing but good for the veterans and for society. The severity of the problems are clear. According to the VA, roughly 20 veterans commit suicide each day, and veterans have a 22 percent higher risk than other Americans.

When young men and women are asked to go through the horrors of battle for our country, they deserve help to try to make them whole again mentally, even if they left the service under less than ideal circumstances.

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2.4 - WATN (ABC-24, Video): [Memphis VA Medical Center Celebrates Opening Of New Emergency Department](#) (21 November, Brad Broders, 54k online visitors/mo; Memphis, TN)

MEMPHIS, Tenn. (localmemphis.com) - With the cutting of a ribbon, the Memphis VA Medical Center begins a new era of patient care.

Staff celebrated the recent opening of the hospital's new emergency department Wednesday morning. The department features the most high-tech equipment in the nation, including x-ray machines, digital CT scans, and an upgraded computer system.

Construction began back in 2013 in four phases.

Those at the Memphis VA Medical Center say it's already cut down on wait times to treat the most high-risk veteran patients.

"This was built with veterans in mind and the kind of problems we actually anticipate seeing and have seen, so I think it really steps up our veterans' care," says Dr. Tom Ferguson.

The Memphis VA Medical Center's new emergency department can also be used as a disaster relief hospital if necessary.

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2.5 - WBDK (FM-96.7, Audio): [Veterans choice health care program still work in progress](#) (21 November, Tim Kowols, 53k online visitors/mo; Sturgeon Bay, WI)

Area veterans continue their waiting game when it comes to a private option with their healthcare. The Veterans Choice programs from the Department of Veterans Affairs allows qualified individuals to get the help they need from a private healthcare provider if they are too far or wait too long for an appointment at a local VA facility. Kewaunee County Veterans Service Officer Jane Babcock says the problem now is figuring out who is paying who and how quickly the VA can pay the bill, often at the expense of the veteran receiving treatment.

Babcock says while the situation is improving, now it is dealing with hospitals, the VA, and insurance companies forcing veterans to have to fill out the required paperwork three times to get their services paid for correctly.

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2.6 - El Dorado News-Times: [Opening of new VA clinic delayed again, Circuit issues push opening date to Nov. 30](#) (21 November, Madeleine Leroux, 7.9k online visitors/mo; El Dorado, AR)

The opening of a new community based outpatient clinic for area veterans has been delayed for a second time.

The 10,000-square-foot facility at 1702 N. West Ave. will replace the existing clinic at 514 E. 5th St. In August, officials said the new community based outpatient clinic would begin seeing patients starting Oct. 2.

However, by mid-October, officials said the new clinic would start seeing patients yesterday, but further delays pushed it back again.

Chris Durney, public affairs officer for the Central Arkansas Veterans Health System, told the News-Times that the clinic “had some issues with ATT and IT circuits, so the opening has been pushed to Nov. 30.” In the meantime, patients are still able to be seen at the 5th Street location.

The new facility is leased by the health system and the owner is handling all construction and related costs. According to the Union County Assessor’s Office, the property is owned by SI Property Investments LLC. According to the Arkansas Secretary of State’s office, the registered agent of the LLC is Tammy Moore and the address is out of Gassville, Arkansas.

When the opening date was first pushed back, Durney said the delay was to give the property owner time to “complete the project to our standards, and to make sure we have it completely medically setup for patients.”

The new community based outpatient clinic will continue to serve the more than 1,800 veterans in the area enrolled with Veterans Affairs. The clinic will offer primary care, mental health, telehealth and nutrition services to area veterans.

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3. [Modernize Our System](#)

3.1 - Healthcare IT News: [Telehealth policy changes mean big revenue opportunities for hospitals - Pending developments in government policy around access to virtual care and reimbursement for services delivered are opening doors for hospital executives.](#) (21 November, Jeff Lagasse, 438k online visitors/mo; Portland, ME)

Telemedicine is becoming increasingly popular as the financial benefits for providers who offer it come to light. And new policy changes in Washington and around the country are poised to rattle the reimbursement landscape and open big opportunities for hospitals and health systems to drive more revenue from virtual care.

“The U.S. has seen a perfect storm,” said Tyto Care CEO Dedi Gilad, whose company offers telemedicine tools. “With alignment of employers pushing for telehealth, you can see telehealth companies provide more and more services, and bringing more availability of services. It’s grown very fast and the major area of growth is primary care.”

That growth is expected to continue as employers, hospitals and payers realize both cost-savings and new revenue streams for telehealth services. A September study from Nemours Children’s Health System examined the use of telemedicine to treat sports injuries, for instance, and found that each visit saves health systems an average of \$24 per patient.

That’s just one example. And a lot has happened since then to start paving the way for telehealth expansion.

Telehealth policy changes

Three significant policy developments happened in November alone and, although they are not finalized, they point toward a future that hospital executives should understand because it’s coming.

The first to be aware of are the MACRA and MIPS payment models. The Centers for Medicare and Medicaid Services published the final rule on November 2, 2017 and it includes new billing codes for virtual visits that involve care planning and risk assessments as part of CMS chronic care management program.

CMS Administrator Seema Verma said the final rules move the agency in a new direction to both encourage innovation among hospitals and empower patients to better understand the value of care they receive.

Second, Congress also signaled a new direction of its own for telemedicine in the first week of November when the U.S. House of Representatives Veterans Affairs Committee passed The VETS Act, HR 2123, supporting the VA’s Anywhere-to-Anywhere program.

VA Secretary David Shulkin, MD and President Trump announced Anywhere-to-Anywhere in August, 2017. The initiative is designed to enable VA providers to offer virtual consults to patients regardless of geographical location -- including across state lines, which is widely viewed as one of the biggest regulatory impediments for hospitals looking to institute telehealth services.

The third development, which came on Monday, was the U.S. Department of Health and Human Services Office of Inspector General revealing a plan to audit Medicaid payments for telehealth services. If that seems like just another government audit program then in addition to knowing

that hospitals treating Medicaid patients via telehealth could be audited for compliance purposes, the real takeaway is that OIG said it established the program because it has already spotted a significant increase in such claims and has reason to expect that to continue. Look for the report from OIG sometime in 2019.

While it's still too soon to tell exactly how those will play out in the long-run, hospital C-suites will want to pay close attention because, when taken together, they indicate where telehealth is indeed headed.

Telehealth frontier: Broader array of primary care services

The services available via telemedicine today are limited, and as expansion is likely to continue, the technology will have to evolve to encompass more primary care functions. Currently, the services that can be performed through telemedicine visits -- which typically consist of a phone or video chat -- are pretty much restricted to what a physician can diagnose visually.

Tyto Care's Gilad said the logical next step in the rising popularity of telehealth services is rounding out the portfolio of primary care services.

Tyto Care is by no means alone. Sensing the potential for expansion, a number of telemedicine companies have entered the marketplace in recent years. American Well, for instance, offers a telehealth toolbox ranging from an app patients can use to share data with doctors to white-label versions of its platform that large health networks deploy. Doctor On Demand -- one of the outfits that offered free services in the wake of the recent hurricanes -- operates nationwide and connects consumers with board-certified physicians including family practitioners, internists, pediatrics and emergency room providers, as well as mental health. The 15-year-old Teladoc, which integrates with EHR systems, recently expanded its offerings from large, self-insured employers to hospitals and health systems. And SnapMD touts itself as a complete "virtual point of care," with an interface for both patients and providers and an administrative back-end that enables health system staff to operate the platform.

Gilad said that expanding the telehealth capabilities hospitals offer has a number of implications.

Revenue is one. More health systems are taking on more risk, either by sharing savings under the ACO model or buying risk from Medicare and Medicaid and taking care of those patients. It's driving those systems to become more efficient and reduce costs, for which telemedicine has shown great capacity.

Competition is another, and in the primary care industry, there's a lot of it. A consumer can walk into a clinic, go to urgent care center or a clinician, so providers are looking for differentiators, and ways to treat people more effectively.

A study the National Business Group on Health published in August pointed to a rise in telehealth services including medical decision support, high-touch concierge services, and tools to help patients navigate the healthcare system.

Big growth on the horizon

According to a recent report from Grand View Research, the telemedicine market is expected to top \$113 billion by 2025, with a growth rate of 18 percent.

The rising occurrences of chronic conditions, as well as the increasing demand for self-care and remote monitoring, are significant factors driving such telehealth growth -- and hospitals that keep pace and add new primary care options will be able to not only reduce costs but also tap into those to create new services and offer existing ones to more patients than they could inside their own four walls.

"It's a big shift," Gilad said. "We're empowering [physicians and patients] to do more and be more efficient. Because it really is benefitting the entire ecosystem. The shift toward general primary care is unavoidable. You have to do that, because the healthcare system in the U.S. is very sick today, and you need better solutions in order to be effective."

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3.2 - Healthcare Finance: [Telehealth policy changes mean big revenue opportunities for hospitals](#) (21 November, Jeff Lagasse, 163k online visitors/mo; Portland, ME)

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3.3 - Health Data Management: [VA gets closer to expansion of telemedicine services](#) (21 November, Joseph Goedert, 143k online visitors/mo; New York, NY)

Recent approval of the Veterans E-Health and Telemedicine Support Act of 2017 by the House of Representatives increases the possibility of physicians soon being able to conduct telemedicine consultations across state boundaries, significantly increasing veterans' access to consultations.

House action could eventually pave the way for the general public to have more access to treatment options, says Kristi Fahy, an information governance analyst at the American Health Information Management Association. "If the VA is successful, hopefully we will see telemedicine geared toward the general public across state borders," she adds.

The VA wants to increase healthcare convenience for veterans, and the House Committee on Veterans' Affairs pushed the bill through.

"The passage of our bill marks a major step toward our goal of expanding the VA's ability to provide better, more accessible care to our veterans—including right in their own homes," Rep. Julia Brownley (D-Calif.) said in a statement. "New technologies provide us with better ways to provide care for veterans and tailor it to their unique needs, and we need to capitalize on that innovation." Rep. Glenn Thompson (R-Pa.) co-sponsored the bill with Brownley.

But first, the Senate must complete its deliberations on similar legislation, reconcile its version with the House bill and enact a law through reconciliation. Still, House approval is important, because it is the first time that an arm of Congress has approved Veterans Administration telemedicine across state lines, says Fahy.

If Congress removes state barriers and associated physician licensure requirements, getting physicians licensed in certain regions could be an alternative option, Fahy believes. The VA program to remove limitations posed by state borders, expected to be live in 2018, is a trial to work out the kinks, she adds. But even if a law is enacted, it could take several years to bring the barriers down.

The VA, however, already is testing ways to connect veterans to their healthcare teams through the new VA Video Connect, a mobile app that connects a veteran to a provider to conduct a private and encrypted telemedicine session. The app is available here from the App Store.

The VA telemedicine rollout will pave the way for similar programs to surface across the nation, Fahy says. But to achieve success, the initiatives must embrace information governance principles.

These initiatives will involve multiple departments within healthcare organizations, including scheduling, registration, information technology, health information management, legal, and privacy/security teams, with each team having an equal say in the program, she contends.

“Information governance is an enterprisewide initiative, and telemedicine is one of many programs an organization can work on to increase collaboration in the organization,” Fahy explains. “Information governance ensures input from all stakeholders, ensures using the most accurate information to develop programs, and supports staff resources and funding.”

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3.4 - ExecutiveGov: [DoD, VA Update Sen. John McCain on \\$4.3B EHR Implementation Program](#) (21 November, Jane Edwards, 20k online visitors/mo; Tysons Corner, VA)

The departments of Defense and Veterans Affairs told Congress that VA and DoD work together to evaluate business processes and identify the necessary changes throughout the lifecycle of a \$4.3 billion contract that seeks to help the Pentagon deploy a commercial electronic health record system, Federal News Radio reported Monday.

“DoD is making available senior acquisition, testing and project management experts who were instrumental in DoD’s own transformation to assist VA with initial contract implementation,” VA Secretary David Shulkin and Patrick Shanahan, deputy defense secretary, wrote in an October letter to Senate Armed Services Committee Chairman John McCain (R-Arizona).

In 2015, DoD awarded an industry team of Cerner, Leidos and Accenture a 10-year, \$4.3 billion contract to field the MHS Genesis EHR system.

The letter is in response to McCain’s request for updates on lessons learned and best practices associated with the EHR implementation program.

Shanahan and Shulkin told the senator that VA has begun to develop an implementation and acquisition timeline and created a new EHR program office to be staffed with health IT and contracting professionals.

The letter comes as DoD marks the initial rollout of MHS Genesis at four health care facilities and as VA negotiates the terms of a potential 10-year contract with Cerner to field the same EHR platform.

DoD plans to fully deploy MHS Genesis in 2018 and complete the implementation phase in 2022, the report added.

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3.5 - Healthcare Analytics News: [VA Patients Granted Free Access to Cognitive Therapy App](#) (21 November, Ryan Black, 17k online visitors/mo; Cranbury, NJ)

While the Department of Veterans Affairs (VA) faces a nationwide staffing shortage, military members suffer cognitive and mental health conditions at higher rates than the general population. Because of these factors, mHealth and telehealth solutions are becoming increasingly vital to veterans' health.

The Learning Corp. today announced that it is making its Constant Therapy application available at no cost to all members of the VA health system who require speech or cognitive therapy.

The app is designed for cognitive rehabilitation and speech therapy following traumatic brain injury, aphasia, and stroke. Soldiers are at an elevated risk of injury from concussive blasts during combat, and the VA also estimates that it treats 15,000 veterans per year for stroke.

Available on most mobile and tablet platforms, Constant Therapy consists of evidence-based reading, writing, speaking, memory, math, and attention tests meant to improve those skills while providing motivation. Constant Therapy and its underlying design theory have both performed well in studies, and the American Heart Association and AARP have both officially recognized the app.

Debra Gleeson, PhD, is a speech language pathologist at the Battle Creek VA Medical Center in Michigan. In the statement, she described the app as "invaluable" to one of her stroke patients. "He works at home one to two hours a day on the tasks assigned. As a patient with severe apraxia, this has been a difference-maker. He's making major gains," she said

The move will benefit the technology, since Constant Therapy is dependent on user data to continually shape its therapies. The Learning Corp. co-founder and Chief Operating Officer Veera Anantha, PhD, said that more than 50 million unique patient exercises have already been completed on the platform, allowing the company to learn and personalize therapy for each individual patient.

The company will receive reimbursement directly from the VA for patient usage. It instructs veterans to ask their VA doctor to contact The Learning Corp at 1-888-233-1399 or go to constanttherapy.com/contact-us to ask about the VA NO COST Program.

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4. Focus Resources More Efficiently

4.1 - Arkansas Democrat-Gazette: [Lawmakers get earful at Little Rock vets-care forum](#) (21 November, Hunter Field, 871k online visitors/mo; Little Rock, AR)

The town hall-style meeting sprawled from contentious to off-topic, but afterward, most veterans gathered at the Little Rock veterans hospital on Monday were glad the chairman of the U.S. House Committee on Veterans Affairs heard their concerns.

U.S. Rep. Phil Roe, R-Tenn., who chairs the House panel, joined U.S. Rep. French Hill, R-Ark., at the John L. McClellan Memorial Veterans Hospital for one of Hill's Veterans Advisory Council meetings.

The Tennessee Republican, in an interview, said he too was glad to hear from Arkansas' former military members, adding that he plans to take some of their insights back with him to Washington.

Roe used the event to update Arkansans on recently passed and pending legislation that focuses on decentralizing veterans' health care. Roe sees the U.S. Department of Veterans Affairs' focus shifting even more toward community-based outpatient services and telemedicine.

"The way health care is provided is changing," Roe, a medical doctor himself, said. "So [the VA] has to change with it."

About 100 people attended the meeting. A question-and-answer session comprised most of the event. The congressmen were joined at the front by local VA leaders.

The wide-ranging discussion covered mental health, opioid addiction, access to care, benefits claims, appeals, homelessness and access to education.

Roe lauded several positive comments after the meeting, including an issue Don Berry, a retired Air Force colonel from Sherwood, brought to the chairman's attention.

Berry explained that the VA has introduced several successful initiatives funded by grants, but those initiatives have disappeared once the grants expire.

"There's no way to institutionalize successful programs," Berry told the congressmen.

Roe said he'd take Berry's insight back to Washington.

"If this grant works, is it scalable? Can we make it nationwide?" Roe said. "That's something I'll take with me."

Retired Col. Mike Ross, another local veteran who served in the Arkansas National Guard, pointed out that many Gulf War-era veterans are missing out on earned benefits because their primary-care physicians aren't recording symptoms associated with "chronic multisymptom

illness," which the VA considers a "presumptive," meaning veterans exhibiting certain symptoms are automatically assumed to have developed those ailments from their military service.

Roe said there needs to be increased education of primary-care doctors to ensure factors that could come into play when veterans submit a VA claim are recorded.

Similarly, Roe highlighted recently introduced legislation that would extend benefits associated with Agent Orange exposure to Vietnam War veterans who were stationed in Thailand. The bill, introduced by U.S. Sen. John Boozman, R-Ark., earlier this month, would remove "arbitrary" limits in the VA's current policy.

In fiscal 2016, about 12,000 veterans who served in Thailand during the Vietnam War filed claims for additional benefits related to service-connected exposure to Agent Orange; only 14 percent were approved, according to a Boozman news release.

Roe himself helped a veteran close to him navigate the claims process relating to Agent Orange exposure in Thailand. It wasn't until a year after the man's death that his widow saw any money from the VA, Roe said.

Despite several requests at the beginning of the program that questions about individual benefits claims be handled privately, those questions made up the majority of those asked Monday.

In a pair of uncomfortable exchanges, two veterans accused local VA workers of ignoring the law while processing benefits claims, interrupting when either congressmen or VA officials attempted to respond.

"They're not following the rules Congress put in place," one upset veteran said. "They're not giving me the benefit of the doubt."

Both Hill and the VA's benefits office had staff on hand, and veterans with questions about individual claims and health issues were referred to them.

Another veteran expressed his exasperation with the VA doctors' efforts to wean him and other veterans off prescription pain medication that had for years been prescribed. He said the opioid scale-back has led some veterans to shop for drugs on the street.

Dr. Margie Scott, medical center director of the Central Arkansas Veterans Healthcare System, said that getting veterans away from opioid dependency is extremely difficult but a necessary step. For years, doctors over-prescribed pain medication, Scott said.

"Now, the literature is very solid," she said. "If you keep patients on opioids, they die."

In closing, Hill stressed his and Roe's commitment to addressing veterans' needs, mentioning the Veterans Crisis Line's struggles. The hotline, which takes calls from former service members considering suicide, has been hampered by reports revealing that a large number of veterans' calls aren't answered in a timely fashion.

Hill said he and Roe would work on any needed VA changes including "making sure the freaking phone gets answered at the Crisis Line."

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4.2 - KEZI (ABC-24, Video): [Special Report: Eugene VA Staff Fear Retaliation](#) (21 November, Amber Wilmarth, 164k online visitors/mo; Eugene, OR)

EUGENE, Ore. -- Investigators will be returning to the Roseburg and Eugene clinics after Thanksgiving to continue interviewing staff about personnel issues, medical care and patient safety.

This comes after several allegations of poor practices at the local VA clinics. Former and current medical staff members tell KEZI that they're desperate for change.

Several nurses who currently work there at the VA Eugene Health Care Center said retaliation and bullying are common practices. A former surgeon tells KEZI that the management at the VA destroyed his career.

"I really wanted to come back and give back to the soldiers," said Dr. Scott Russi.

After serving nearly 29 years in the military and 4 years at a local hospital. Dr. Russi decided it was time to get back to serving veterans and joined the medical team at VA Eugene Health Care Center.

"I can relate to them," said Dr. Russi.

Working as a trauma surgeon near afghanistan, Dr. Russi tells me he's been lucky.

"I've been mortared before. I haven't been in combat...worked at a combat hospital. I've had mortars and rockets come at me," said Dr. Russi.

He said a rocket went through this medical tent, while he was standing less than 50 feet away. But he biggest blow to his career came earlier this year in Eugene, when the VA fired him after only four weeks of working there full-time.

"My career has been destroyed," said Dr. Russi.

He said me he was targeted after questioning the Chief of Surgery: "I challenged him. I disagreed with what he advised on the cases because I knew that what he was advising was wrong. I was very uncomfortable with not having my patients have access to me...and that was his decision," said Dr. Russi.

He said management told him he was being fired for concern over his medical practice, eventually citing four cases. He argues that those cases all meet standard of care.

"All six physicians reviewed my cases and all six have found my actions in care providing met standard of care," said Dr. Russi.

"There was never anything that was suspect to even bring it up in their practice up to a peer review," said James Alsup, the attorney representing Dr. Russi.

Alsup is representing Dr. Russi in a case they've presented to a federal law enforcement investigation agency. He said there's sufficient evidence to suggest there were never peer reviews done and that wire fraud has been committed.

"Also, there may be sufficient evidence to support a criminal charge in federal court of a conspiracy," said Alsup.

KEZI was scheduled to meet with one nurse, who wanted to speak out on his behalf, but on the day of the interview five registered nurses who currently work at the Eugene clinic filed into the KEZI lobby.

"Absolutely devastating, just for me, to observe what had happened," said Melaney Wilson, a Registered Nurse at the VA Eugene Health Care Center.

They said what happened to Dr. Russi was unjust. They all tell KEZI that mismanagement, retaliation and bullying are common in the Roseburg and Eugene clinics.

They said this has been going on for more than a year.

"I actually barely made it that first month, because i was about ready to go back. i was so appalled by the way things function there," said Amber Beyer, a Registered Nurse at the VA Eugene Health Care Center.

Beyer, along with four others, said they left a local hospital, so they could work specifically with veterans.

"I thought it could be a really good system, if they would have enough providers...and then when Dr. Russi came, we're going to be able to have a lot of surgeries being done for the veterans. That was very positive and he started doing quite a few surgeries...and it was going well, and then all of a sudden, they fired him," said Julie Tow, a Registered Nurse at the VA Eugene Health Care Center.

They said fear of retaliation is keeping doctors away and said it's impacting patient care.

"People are going to start dying and it's not OK. We need help...we need staff...we are in crisis right now," said Treva Moss, a Registered Nurse at the VA Eugene Health Care Center.

The Department of Veterans Affairs gave the Roseburg hospital a one star rating this year; that's out of a five stars.

Concern for patient safety is getting the attention of Oregon lawmakers.

"My understanding is that Congressman Peter Defazio is taking the lead on this. It's certainly a federal issue and I'm certainly happy to help him should he need our assistance," Governor Kate Brown.

"I have a totally dysfunctional management at the VA hospital in Roseburg, Oregon," said Representative Peter Defazio.

In October, Representative Defazio addressed the management issues on the house floor.

Dr. Russi as an example, saying the management in Roseburg pushed him out.

While the hospital looks beautiful from the outside, staff tells KEZI they have a very different view on the inside. It's a view they're hoping, by speaking out, they can change.

"It is the right thing to do...and if you asked me if i'd do it again I'd say yes," said Moss.

KEZI reached out to the Public Affairs Office at the Roseburg VA about Dr. Russi's case and the alleged mismanagement and they have not responded.

In regards to the investigation, they released the following statement:

"Secretary Shulkin has made clear his drive for real change and fixing problems at va. As a result, we're taking steps aggressively to identify risks and vulnerabilities across the department before they grow into real problems. As part of that effort, we are committed to continuously improving the Roseburg VA Medical Center."

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4.3 - Chinook Observer: [Veterans voice VA concerns to members of Congress](#) (21 November, 6.2k online visitors/mo; Long Beach, WA)

CATHLAMET — Local area veterans had the opportunity to meet with U.S. Reps. Phil Roe, R-Tenn., and Jaime Herrera-Beutler, R-Wash., on Saturday, Nov. 18. Congressman Roe is chairman of the U.S. House of Representatives Committee on Veterans Affairs.

During his comments, Roe said that while backlog at the Department of Veterans Affairs has been reduced, there are still 470,000 claims on the waiting list. Roe said the VA has a problem in attracting and retaining qualified medically trained personnel. Waiting lines, at some facilities, are still too long.

The VA has 168 medical centers and 800 outpatient clinics throughout the U.S. Roe said there are signs of progress in improving conditions for veterans. In 2010, \$93.5 billion was earmarked for veterans' assistance. That has been increased to \$186.5 billion in the current budget. Funding for the VA is the second largest line item in the budget, according to the congressman. He reported the U.S. spends more money on veterans than the combined sum of every other country in the world.

Roe and Herrera-Beutler listened to comments from local area veterans on a range of healthcare-related topics. In general, while some concerns were raised about appointment times, the majority concerned problems encountered with non-medical administrative staff.

Both members of Congress pledged to continue efforts to improve veterans' healthcare.

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5. [Improve Timeliness of Service](#)

5.1 - Denver Post: [More wait-list woes in VA system fail our veterans](#) (21 November, Editorial Board, 4.8M online visitors/mo; Denver, CO)

In the same month that our nation celebrated its veterans, a new federal investigation found that VA officials broke the rules by keeping extensive off-the-books waiting lists for patients seeking mental-health therapy.

This is depressing news, and difficult to accept following the bruising lessons the U.S. Department of Veterans Affairs should have learned after the discovery in 2014 of past wait-list violations in which 35 veterans died waiting for care.

The news comes as especially hurtful in Colorado, where the latest violations were discovered, although the problem likely was widespread.

The VA Office of Inspector General found that at facilities in Denver, Golden and Colorado Springs, officials didn't follow protocol. The exact number of cases isn't known, a result of improper record-keeping, but investigators found at least 3,775 individual entries on the unofficial list for group therapy. Investigators studied care at the facilities between October 2015 and September 2016.

The findings come four months after The Denver Post reported that wait times for medical treatment at VA facilities in the state were among the longest in the country.

The inspector general report noted the importance of group therapy and other treatments in helping those back from war deal with the demons of post-traumatic stress disorder and other problems.

"These therapies can promote significant improvement in symptoms and recovery for many veterans," the report notes, highlighting the sad significance of the fact that investigators found staff in Colorado Springs took too long to set up care for PTSD treatment.

Thankfully, it does not appear any vets died waiting for mental-health treatment. While investigators dug into one case in which a patient committed suicide, they found insufficient evidence to link the death to the improper record-keeping. Though the case involved a delay in treatment for PTSD, the patient was benefiting from mental-health treatment in Colorado Springs.

VA officials pushed back at the investigators' findings, arguing that the intent was to better arrange group therapy sessions. And the VA's Eastern Colorado Health Care System director, Sallie Houser-Hanfelter, told The Denver Post that staff stopped the unofficial recording keeping after the violation was flagged and were retrained to follow correct protocol in 60 days.

But a whistleblower in the case says the problem was widespread and that use of the unofficial records didn't happen in error. "VA management knew that these wait lists were absolutely forbidden," the whistleblower, Brian Smothers, told The Post. "But they directed the use of these wait lists anyway."

Thankfully, lawmakers, including U.S. Sen. Cory Gardner, R-Colo., pressed for action.

"This cannot happen again and it's time for the VA to finally wake up and ensure our men and women are getting the best care possible," Gardner said in a statement.

As we've noted recently, a proposed law making its way through Congress would require the VA to bolster mental-health treatment of vets who receive less than honorable discharges. It's a good plan based on good reasons, but it will depend on a system prepared to deal with it.

These signs that the current workload faces bottlenecks cry out for action. We hope the Trump administration finds a way.

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5.2 - Columbus Dispatch: [Despite changes, some vets still displeased with VA health care](#) (21 November, Marty Schladen, 2.1M online visitors/mo; Columbus, OH)

Officials with the U.S. Department of Veterans Affairs have been working to increase staff and cut wait times for medical care, but at a hearing Tuesday, the agency's customers didn't sound completely satisfied.

Sen. Sherrod Brown, D-Ohio, came to Columbus to conduct a field hearing of the Senate Committee on Veterans Affairs at the Columbus Metropolitan Library. Other members of the committee weren't present, but U.S. Rep. Joyce Beatty, D-Columbus, attended.

As a new generation of combat vets has come home in recent years, the VA has struggled to fill 45,000 vacant positions in the agency, most of them health-care jobs. Nationally, about 300,000 vets are still waiting about a month for an appointment in the health-care system.

Brown on Tuesday blamed the Trump administration for failing to quickly hire senior personnel who can work to cut the vacancies.

"I don't know why the administration doesn't scale up," he said. "There's just no excuse for not scaling up."

However, there has been progress in Ohio and neighboring states over the past year, said Robert P. McDivitt, director of the VA Integrated Service Network for Ohio, Indiana and Michigan.

He said the agency has added 383 workers in Ohio alone this year. Now average waits for appointments are two to three weeks for new patients and one week for existing clients at clinics and hospitals, McDivitt said.

With 850,000 veterans, Ohio has the sixth-largest population in the United States. When asked if the VA in Ohio still suffers from large numbers of vacancies, McDivitt said, "we're doing pretty well."

That impression wasn't shared by some of the veterans at the hearing.

James Powers, an Army infantry vet who lives in Massillon, described his struggles after 12 years of service.

"The majority of the injuries I sustained in my military career, they're not even visible," he said.

Suffering post-traumatic-stress disorder, Powers abused alcohol and drugs and in 2014 attempted suicide — something 20 American veterans do successfully every day. During that time, he suffered through long waits at the VA, his wife had a hard time getting training to take care of him and then the VA incorrectly billed them \$11,000 for an alleged overpayment, Powers said.

Another vet said she opted out of the system because she has the choice.

"I personally try to avoid the VA system at all costs," said Melissa Twine, an Air Force vet from Batavia, a small community east of Cincinnati.

She left the Air Force in 1998 and then her husband, an Air Force captain, was killed in 2002. Through her survivor benefits, Twine said she's eligible for private insurance offered by TRICARE, the health program run by the Pentagon, and uses that instead of the VA.

The VA this month floated the idea of merging its health system with the Pentagon's, but veterans' groups have objected forcefully, saying that could lead the way to privatizing the VA. Others pointed out that the VA generally cares for an older, sicker population, while TRICARE generally covers younger, healthier active-duty troops, civilian employees, military retirees and the families of all those populations.

Brown is adamantly against anything that could be considered privatizing the VA, saying the idea is being pushed by ideologues in Congress and the White House.

"I think that's simply wrong," he said.

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5.3 - WBNS (CBS-10, Video): [Ohio veterans voice concerns over VA staffing, mental health treatment](#) (21 November, Kevin Landers, 1.5M online visitors/mo; Columbus, OH)

Nationally, the Veterans Administration has thousands of staffing positions open. Its wait times while improving, need to be shorter and its processing of claims needs to be quicker.

Those are just some of the concerns voiced during a Senate hearing on Veteran affairs at the Main Library Downtown.

Among the other concerns voiced by the director of Ohio's Veterans Services Chip Tansill, was the inability for local veteran offices to connect with veterans before they return home. He told the crowd sometimes his agency doesn't get notified until 3 to 4 months after. He says if the Department of Defense would give the VA to use a veterans' non-military email, the agency could connect veterans with job leads or mental health treatment before their service time is over.

One of the speakers at today's hearing was James Powers who was medically discharged from the US Army after 12 years of service.

"The majority of my injuries over my military career are not visible. One almost cost me my life PTSD," he said. "I put a pistol in my mouth and pulled the trigger. Click! and a misfire occurred. I improperly loaded a pistol I had loaded hundreds of times because of how drunk I was."

His story, unfortunately, is not new. Twenty-two veterans a day commit suicide.

Powers credited the VA's PTSD and substance abuse program for saving his life.

But, he says, the VA is far from perfect. The VA, he says, is also slow to respond to veteran needs.

"Claims are still taking too long for initial processing," he said.

US Senator Sherrod Brown, who chaired the hearing, praised the VA for its work.

"The VA has fewer medical errors than any other hospital system," he said.

But he's also concerned the VA has 49,000 staffing vacancies nationwide which adds to wait times.

Brown says he's against privatizing the VA and veterans want to put an end to sequestration, it's part of the Budget Control Act that mandates \$1.2 trillion in cuts across federal agencies to include \$500 million to the military over the next decade.

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5.4 - KDFW (FOX-4): [Manager says low staffing causing health risks at Dallas V.A. hospital](#) (21 November, 1.2M online visitors/mo; Dallas, TX)

One Dallas V.A. hospital manager says a shortage of specialized staff to clean medical treatment areas could set up a health risk inside the V.A. hospital.

Staffing in environmental medical services has consistently been short at the V.A. Until July, the staffing shortage was made up by bringing people in on overtime. But that's no longer the case.

George Ellis, an 8-year employee, says it's about saving money and believes vets care could be compromised.

"Biohazard waste is piling up, suites are not cleaned or suites are not cleaned or manned by employees on the weekend," Ellis said.

Ellis, who has filed for whistleblower protection, says some weekends staffing is half of the 35 people supposed to be working. Sometimes it's even less than half.

Ellis has complained all the way to the secretary of the Veterans Administration. He said the local V.A. is more concerned with saving overtime dollars opposed to the care and cleanliness of the environment.

V.A. North Texas Chief of Staff Dr. Jeff Hastings said a new a new supervisor for environmental management services felt overtime dollars could be better spent.

"She made an excellent argument to say, here's how much money you're spending in overtime, why don't we hire more people instead?" Hastings said.

Hastings said the hospital is in the hiring process and has offered 35 people jobs in environmental medical services and he's not aware of any delayed medical procedures.

Congresswoman Eddie Bernice Johnson says she has a monthly conference with leadership at the V.A. about this and other issues.

"We have gotten a few complaints over time," Johnson said. "Any situation where you have that much turmoil at the bottom needs to be corrected from the top."

Hastings said shortages should be solved when new hires finally happen and that it's not just about overtime but about a better use of resources.

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5.5 - WCMH (NBC-4, Video): [Veterans testify about health care concerns](#) (21 November, Ted Hart, 1.1M online visitors/mo; Columbus, OH)

COLUMBUS (WCMH) — Veteran Army Sgt. James Powers had the undivided attention of a U.S. Senator and a room full of veterans.

"When I came home from Iraq in 2010 my transition, like many others, didn't go well," Powers said. "My life for the next 4 years slowly spiraled out of control."

Powers was testifying at a hearing of the Senate Veterans Committee conducted by Sen Sherrod Brown at the Columbus Metropolitan Library Tuesday. Brown said he wanted to hear the concerns of local veterans and veterans services officials.

One of the central themes in witness testimony focused on the difficulties veterans face in making the transition from active duty back to civilian life.

Powers described his struggle with chronic pain, drugs and alcohol and PTSD. "Until finally on a Tuesday morning in May of 2014 when I had no other choice, I thought, I put a pistol in my mouth and pulled the trigger. Click. It misfired."

Powers went on to credit a VA program on substance abuse with helping him but said such programs need to be more readily available.

Regional VA Healthcare director Robert McDivitt says average of 20 or more veterans commit suicide every day but only about a third of them are VA patients. He says the VA has made the issue of veteran suicide a top priority. "We are very aggressively treating that," McDivitt said. "We are starting a tele-suicide line where high-risk veterans will be able to be connected to a provider via smartphone or iPad."

Sen. Brown says the VA needs to do a better job of staying connecting with veterans. "If they're getting treatment in the VA, the suicide rate is significantly lower than in they have sort of walked away or been abandoned or ignored by the VA," Brown said.

Brown said holding field hearings is important, “because the best ideas don’t come out of Washington – they come from conversations like the ones we had today, with the women and men who serve our country, and the VA officials who serve them.”

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5.6 - Rockford Register Star: [Army veteran grateful for bionic arm](#) (21 November, Susan Vela, 301k online visitors/mo; Rockford, IL)

BYRON — Carrie Krischke lost her left arm in a 1994 traffic accident.

An Army veteran, Krischke adapted, learning to change her children’s diapers with her dominant right arm and feet.

She got by with a prosthetic that had a hook until she didn’t have to get by anymore.

Krischke, an East High graduate, used the local VA Medical Center while living in Florida, and volunteered to be a test subject during development of the bionic LUKE arm. The acronym, which stands for Life Under Kinetic Evolution, is named for the Star Wars protagonist who lost his hand in a duel.

The device picks up electrical impulses near the site of the amputation and sends signals to the prosthetic limb, which resembles a human arm and hand with fingers and a thumb.

She continued participating in the studies with the LUKE arm’s inventor, DEKA Research & Development in New Hampshire, after she moved back to Illinois in 2010.

She spent years waiting for the U.S. Food and Drug Administration to approve the arm and more years before the arm’s commercial launch.

Then, out of the blue, Dallas-based Independence Corps called Krischke to say it was willing to donate an arm to her. Independence Corps is a nonprofit that helps veterans regain their independence through increased mobility.

Krischke flew to New Hampshire for a fitting and soon after received her new LUKE arm.

She’s still adapting to her new prosthetic. But peeling potatoes and opening a water bottle have become a lot easier.

“The biggest thing is food prep,” Krischke said. “Just being able to even peel a potato for crying out loud. Food prep was huge.

“It’s a life-changing arm. I’m very grateful. I’m grateful that this arm system is available. It’s made a huge difference.”

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5.7 - KTVN (CBS-2, Video): [Reno VA Hospital Helping Vets With Opioid Addiction](#) (20 November, Jaimie Hays, 167k online visitors/mo; Reno, NV)

Opioid addiction has been on the rise across America, it has killed more Americans than the Iraq, Afghanistan and Vietnam Wars combined, which is raising concern for care advocates for veterans.

According to the Centers for Disease Control, last year alone opioids killed more than 64,000 Americans, and according to a psychiatrist at the Reno VA Hospital, 20% of males will have some kind of addiction in their lifetime, and that is very true in the veteran community. Fortunately the VA hospital has plenty of resources for our vets. "We have an outreach alcohol and drug addiction which is aimed to all drugs not just opioids," says staff psychiatrist, Mark Broadhead.

When it comes to addiction the VA hospital looks at many factors into why the individual is addicted, such as suffering from PTSD. "One of the things we will look for is if addiction runs in the family (and) if it does, you are at a higher risk to get addicted," explains Broadhead. As well as group therapy the VA hospital has various ways to help our vets with addiction, such as Medication Assistant Treatment (MAT). "Medication to help prevent cravings, relapse of those drug use by blocking the receptors that those drugs effect," says Broadhead.

According to the Centers of Disease Control, 40 Americans die from prescription opioid overdoses every day. Back in October, President Donald Trump asked the Department of Health and Human Services to declare the opioid crisis a public health emergency.

Authorities say it can be easy to gain access to opioids but it can be hard to get off them. "What happens when someone takes those medications over a long period of time their body becomes dependent on them," says Jennifer Snyder, the Executive Director for Join Together Northern Nevada.

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5.8 - Fierce Healthcare: [Chronic care management improves as VA clinics implement patient-centered medical homes](#) (21 November, Joanne Finnegan, 141k online visitors/mo; Washington, DC)

The more primary care clinics implemented components of a patient-centered medical home model, the greater they were able to improve their management of chronic diseases, a new study found.

The study, published in Health Services Research, reviewed data from more than 800 Veterans Health Administration (VHA) primary care clinics and revealed that national implementation of a patient-centered medical home (PCMH) model improved several chronic disease outcomes over time.

Clinics with the most medical home components in place in 2012 had greater improvements in several chronic disease quality measures than those with the lowest number, the study found.

The VHA put in place its Patient Aligned Care Teams (PACT) initiative in 2010, the largest program in the country to implement PCMH care. The VHA assigned the 5 million primary care patients in the network to a team designed to provide multidisciplinary healthcare support focused on their needs.

All the clinics had access to the same resources, tools and training to implement the model, which focuses on eight areas of care, including access, continuity, coordination, team-based care, comprehensiveness of care, self-management support, patient-centered communication and shared decision-making.

Over the course of four years, researchers analyzed medical records from the participating clinics to measure 15 clinical outcomes and processes to determine how the model influenced care with patients with three common and costly chronic diseases—coronary artery disease, diabetes and hypertension.

Researchers found the 77 clinics that had most fully executed the PACT model by 2012 had significantly larger improvement in five of the seven chronic disease outcome measures and two of the eight clinical process measures compared to the 69 clinics that had implemented the fewest elements of the model. In the clinics with the most advanced implementation, 1% to 5% more of patients met established levels for diabetes, blood pressure and cholesterol control.

“While not every clinical measure improved as significantly as others with increased implementation of the PACT model, this study demonstrates that health systems that invest in changes in care delivery through a medical home model for all primary care patients could see downstream improvements in the management of those patients with chronic diseases,” said lead researcher Ann-Marie Rosland, M.D., associate professor of internal medicine at the University of Pittsburgh School of Medicine, in an announcement.

While most studies of medical home models have looked at whether doctors and nurses are following recommended processes, such as checking patients’ blood sugar levels during visits, this study was able to assess the impact on the control of chronic conditions, such as whether patients brought sugar levels down to recommended goals, said Rosland, who holds a position at the VA Pittsburgh Center for health Equity Research and Promotion.

Reviews of PCMHs suggest that they lead to lower costs and improved care quality, but a significant investment in primary care and strong payer-provider collaboration is key to success.

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6. Suicide Prevention

6.1 - WKSU (NPR-89.7, Audio): [VA Field Hearing in Columbus Addresses Suicide Rate Among Vets](#) (21 November, Esther Honig, 74k online visitors/mo; Kent, OH)

Ohio veterans as well as top VA officials met in Columbus today to talk about issues including suicide. For Ohio Public Radio, WOSU’s Esther Honig reports on the field hearing organized by a member of the Veterans Affairs committee.

Ohio is home to over 800,000 veterans, the majority of which are over the age of 55. Brown, who sits on the senate Veterans Affairs Committee, says he’s most concerned about the alarmingly high rate of suicides among vets-- about 22 individuals each day. He says it’s critical to get vets in touch with resources when they reenter civilian life.

“If they’re getting treatment in the VA the suicide rate is significantly lower than if they have sort of walked away, or been ignored or abandoned by the VA.”

Brown says information shared at the hearing will be used to craft legislation, or put pressure on the VA to resolve persistent issues, such as the current staffing shortage of 40,000 workers nationally. Despite the problem with long wait times at the VA, Brown says he is opposed to privatization.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - HuffPost: [Looking Back and Moving Forward—Supporting Our Veterans Through the Arts](#) (21 November, Robert L. Lynch, 22.9M online visitors/mo; New York, NY)

November is Veterans Month, a time to celebrate, honor, and reflect on the contributions of the men and women who have served our country in peacetime and in conflict. Earlier this month, I made my way to Walter Reed National Military Medical Center for their 14th Annual Healing Arts Exhibit and Symposium, where I was met by the champion of this effort, Captain Moira G. McGuire, and had an opportunity to explore the art on display.

My job there was to give the opening speech about the long history of connection between the arts and the military going all the way back to the days of Benjamin Franklin and George Washington, but being surrounded by the incredible artwork produced by the wounded, ill, and injured members of the armed services and their families was the real benefit of being there. I was struck not only by the vibrant expression and beauty of the art itself, but how each piece, unique to the individual, was also testimony to recovery and resiliency in the face of the challenges our service members and their families encounter every day.

This visit made me think back to an event hosted by Walter Reed in 2011, the National Summit: Arts and Healing for Wounded Warriors. Colleagues from different sectors discussed whether the arts and creative arts therapies have a strong role to play in mitigating the greatest challenges the military was facing at that time: aiding in the recovery and reintegration of severely injured service members returning from combat. At the end of the day, the consensus of the more than 250 military and civilian leaders was a strong YES. Our charge was to figure out how.

We had examples right in front of us of what seemed to be working—creative arts therapy being employed in military medical centers and at VA facilities to treat signature wounds of war; non-profit arts groups working in the community to support military kids in coping with a parent’s multiple deployments; veterans returning from combat using the arts not only in recovery, but in reintegration in community and the creative workforce.

The evidence and examples of how the arts are helping veterans heal and thrive keeps growing. We see more and more examples of how through their art veterans are contributing to the artistic and cultural legacy of this country, shaping our understanding of what still needs to be accomplished. But what paints a hopeful picture of support is the actions of key federal agencies such as the Department of Veterans Affairs, the Department of Defense, and the National Endowment for the Arts (NEA), supported by a growing network of not-for-profit arts

and cultural groups, veterans service organizations, and a legion of empowered veteran artist-advocates.

The NEA's signature program, Creative Forces: NEA Military Healing Arts Partnership, is well on its way to establishing its expanded presence at 11 military bases and one VA, with a plan to increase connections with the local arts community. In September and October, Creative Forces summits took place in Tacoma, Washington and in Tampa, Florida, with participants from Joint Base Lewis-McChord and the James M. Haley Veterans Medical Center respectively, as well as local arts partners. The dialogue and relationships generated are part of building out strong community connections for service members and veterans traveling on the pathway from clinical treatment to well-being. Americans for the Arts is proud to be helping with this work.

The role of creative arts therapy recently received a high-profile White House endorsement with the October 17 launch of Second Lady Karen Pence's Healing with the HeART initiative. Recognizing that art therapy is a mental health profession and a viable option in the treatment of various conditions, illnesses and life experiences, Mrs. Pence is also a strong advocate on behalf of military service members and their families. She is visiting numerous military bases across the country, talking with service members and art therapists to help raise awareness of the value of this treatment. The US Army website features her visit to Hawaii's Schofield Barracks Health Clinic.

VA facilities across the country are incorporating creative arts into their therapy programs. Another important event, the National Veterans Creative Arts Festival, is an opportunity to celebrate the progress, recovery, and creative achievements of our nation's Veterans. For Air Force Veteran Sanjanette Scott, the pathway to healing led from the Orlando VA—where she underwent multiple surgeries and an eventual amputation above her left knee—to the stage at the Center for the Arts at the University of Buffalo, where she gave a gold-medal winning vocal performance. More than 140 Veterans from 56 VA facilities nationwide were in attendance in Buffalo. These gold-medal winners were part of the national competition of nearly 3,500 Veterans who submitted 5,380 entries in the categories of art, creative writing, dance, drama, and music during the local-level competition phase last winter.

A growing number of Veterans are returning from service and entering the creative industry workforce. Marine Veteran Adam Driver's career spans television, Broadway, and Hollywood—he is set to reprise his high-profile role as the villain in December's "Star Wars: The Last Jedi". At the same time, his own passion project, the non-profit arts organization Arts in the Armed Forces (AITAF) is creating new opportunities for more veterans to realize their creative potential. Founded 10 years ago by Driver and his partner Joanne Tucker, AITAF has been bringing free, high-quality theater programming for active-duty service members, veterans, military support staff, and their families for all branches of the military at U.S. installations domestically and around the world.

Driver recently announced The Bridge Award to recognize an emerging playwright of exceptional talent within the US military, which includes a \$10,000 prize and an AITAF-produced reading of the winning work with a professional director and cast. Like many Veterans, Driver's commitment to service did not end when he retired from the military.

The arts are bridging the military/civilian divide, helping to heal the many wounds of war, and bringing solace and joy to the millions of military service members, veterans, and their families in every corner of the country. As we celebrate Veterans Month, I encourage everyone to visit the National Initiative for Arts & Health in the Military website for upcoming events, latest

reports, and news about what is happening across the country. Check the National Network Directory for what is happening in your state and community—and sign up to have your programs for veterans included. We owe it to our veterans and their families to support events and organizations that are stepping up and serving their needs.

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7.2 - Pittsburgh Post-Gazette: [Pittsburgh and Allegheny County 'effectively' end veterans homelessness](#) (21 November, Kate Giammarise, 4.8M online visitors/mo; Pittsburgh, PA)

By helping to house more than 500 homeless veterans since 2014, Pittsburgh and Allegheny County have “effectively” ended veteran homelessness, officials declared Tuesday.

The designation, announced by County Executive Rich Fitzgerald, Pittsburgh Mayor Bill Peduto and U.S. Department of Housing and Urban Development Regional Administrator Joe DeFelice, means that infrastructure and programs are in place to rapidly and permanently house any homeless veteran.

“Our work's not done,” Mayor Peduto said.

While not denying they would have to continue to work to house others, Mr. Fitzgerald said, “there’s systems in place to end it within 90 days, so I think, effectively, we’ve solved the issue.”

“These programs, collectively, saved my life,” said Kelly Ferri, an Army veteran who lives in Sharpsburg and who spoke at a news conference Tuesday morning with her daughter standing beside her.

Across the county, 55 other states, cities and counties have also met this goal, including Philadelphia, Scranton/Lackawanna County, Lancaster City and County, and Reading/Berks County. Mr. DeFelice, who is based in Philadelphia, jokingly waved a Terrible Towel in saluting Pittsburgh’s accomplishment.

President Trump's proposed budget earlier this year suggested billions in cuts to HUD, though it did not propose cutting the Veteran Affairs Supportive Housing program, which combines a housing voucher with supportive services from the VA.

“Nearly 40,000 veterans experiencing homelessness on any given night and HUD-VASH plays a big role in ending veteran homelessness and decreasing that number, especially for the chronically homeless,” said Randy Brown, spokesman for the Washington, D.C.-based National Coalition for Homeless Veterans.

Mr. Brown hailed the region's work housing veterans, though he cautioned, “it doesn't mean the effort stops. You have to continue the services and you have to maintain a sense of urgency about it.”

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7.3 - Inside Higher Ed: [Democratic senators urge VA, Department of Defense to protect Ashford students](#) (22 November, Andrew Kreighbaum, 1.6M ovm; Washington, DC)

In separate letters to the Departments of Defense and Veterans Affairs Tuesday, Democratic senators called for additional steps to protect student veterans and service members enrolled at Ashford University, which is slated to lose GI Bill eligibility within 60 days.

Ashford last week said it would suspend enrollment of new student veterans who receive Post-9/11 GI Bill benefits -- the latest development in a dispute between the for-profit institution and the VA. The agency told Ashford that Arizona regulators had not provided sufficient evidence of jurisdictional approval over its online programs.

The VA said it would suspend Ashford's GI Bill eligibility within 60 days if corrective action was not taken. Although Ashford disagreed with the decision in a corporate filing, it agreed to voluntarily suspend enrollment of new student veterans.

The senators urged Secretary of Veterans Affairs David Shulkin and Secretary of Defense James Mattis to warn GI Bill recipients and DOD Tuition Assistance recipients of Ashford's status and to prohibit further enrollments.

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7.4 - ConnectingVets (CBS News Radio): [Incarcerated veterans and the VA: getting help before and after jail](#) (21 November, Jonathan Kaupanger, 23k online visitors/mo; New York, NY)

My brother, who was probably struggling with a mental illness, was in and out of jail until an early death in 1993. Today his crimes would most likely fall under the unnecessary criminalization of mental illness category. After the first time in jail, he just sort of gave up.

The VA has two specialized programs to make sure veterans don't fall into that same trap: the Health Care for Reentry Veterans (HCRV) and Veterans Justice Outreach (VJO). These programs are not a legal service-- Veterans Affairs can't do that-- but they focus more on prevention.

The specialists in HCRV work with veterans who are approaching their release dates from both state and federal prisons. Through this program, the VA helps to assess any needs the veteran may have once they are released. When the veteran is out, they are provided with individualized follow-up to help with medical, mental health and social services, including employment. Since 2007, the VA has provided outreach to nearly a thousand state and federal prisons and have helped over 73,000 vets. The HCRV web page has information for each state, including information on what to do when veterans are up for parole.

On the other side of things are the VJO specialists. Every VAMC has a VJO specialist. Their goal is to keep veterans from extended incarceration by giving them direct outreach, assessments, as well as help with case management in local courts and jails. VJO specialists are members of Veterans Treatment Courts and other veteran-focused court programs. They also provide veteran-focused training to local law enforcement.

Veterans helped with VJO and HCRV staff usually have mental health and substance use disorders at rates that are higher than vets seen elsewhere in the VA system. The efforts of these programs seem to work in getting veterans access to VA care. These veterans are

typically more willing to get help in the first place, 92 percent look to the VA for mental health support and 72 percent get help for substance abuse through the VA, according to a department fact sheet.

Possibly the most difficult part of this process is finding the incarcerated veterans in the first place. To help with this problem, the VA came up with the Veterans Reentry Search Service (VRSS), which is a tool that lets prison and jail staff identify inmates with a military service record. Take for example the California Department of Corrections and Rehabilitation. At first California thought that 2.7 percent of its inmate population were veterans. Once the data was checked against the VRSS, the actual number was 7.7 percent. That's just about 5,000 veterans who would have been forgotten about!

If you would like help for a veteran who's getting ready for release from a state or federal prison, you can use these state-specific resource guides which will list ways to find work, housing and other services. The state or community HCRV specialist can be found here.

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8. [Other](#)

8.1 - Pittsburgh Tribune-Review: [VA warns vets about fake Veterans Choice Program hotline](#) (21 November, 1.5M online visitors/mo; Pittsburgh, PA)

The Department of Veterans Affairs is warning veterans to be careful when calling the toll-free number for the Veterans Choice Program.

Another phone line that mirrors the hotline but uses 800 instead of 866 as the area code offers callers a \$100 rebate if they provide a credit card number but actually is trying to steal their identities, the agency said.

The Veterans Choice Program allows veterans enrolled in VA health care to use a community medical provider instead of going to a VA medical facility if they meet one of five criteria such as having to wait more than 30 days for an appointment at the VA facility.

The hotline allows them to verify their eligibility and set up an appointment. The correct number is 866-606-8198. Veterans can also use the program's website instead of the hotline.

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8.2 - St. Cloud Times: [St. Cloud police investigate threatening call that mentions Crossroads](#) (21 November, 192k online visitors/mo; St. Cloud, MN)

St. Cloud police say an out-of-state woman calling a Veterans Administration crisis line in Georgia made threats involving Crossroads Center on Monday night, prompting some police presence when the mall closed and again Tuesday morning.

The St. Cloud dispatch center received a call from the crisis line at 8:38 p.m. Monday with information about the threat, which mentioned a firearm. In the crisis line call, the woman also had threatened to harm herself, according to a news release from St. Cloud police.

Police say mall staff did not receive direct threats, and nothing suspicious was found at the mall. There did not appear to be any motive for the threats.

Mall staff took precautionary security measures for mall employees after the mall had closed.

Police worked with VA personnel to try to identify the caller but were unsuccessful. The news release said "there is some question as to the legitimacy of the female's information."

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8.3 - KSLA (CBS-12): [Bus resumes dropping passengers off in front of VA hospital](#) (21 November, 192k online visitors/mo; Shreveport, LA)

SHREVEPORT, LA (KSLA) - The Shreveport city bus is now bringing passengers up the hill to the front of Overton Brooks VA Medical Center once again.

Recently the city changed the bus routes and moved the bus stop across the street to Stoner Avenue at Easy Street.

Veterans like Calvin Carter were upset about the change.

Carter said it was a major inconvenience to veterans to have to cross the street and go up the hill.

Tuesday the VA posted via Twitter that passengers would be brought up the hill once again.

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From: (b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 26 November Veterans Affairs Media Summary and News Clips

Date: Sun Nov 26 2017 04:00:00 CST

Attachments: 171126_Veterans Affairs Media Summary and News Clips.docx
171126_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.10678.394010-000001

Owner: (b) (6)

Filename: 171126_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Sun Nov 26 04:00:00 CST 2017



Veterans Affairs Media Summary and News Clips

26 November 2017

1. [Top Stories](#)

1.1 - Clarion Ledger (VIDEO): [VA doctor, barred from seeing patients, paid \\$1M despite 'no job responsibilities'](#) (25 November, Anna Wolfe, 872k online visitors/mo; Jackson, MS)

G.V. "Sonny" Montgomery Veterans Affairs Medical Center barred one of its doctors from seeing patients years ago but continues to pay him a \$339,177 annual salary. The Jackson VA fired neurosurgeon Dr. Mohamed Eleraky in August 2016 following questions about his treatment of five anonymous patients, but he's back on staff today. Eleraky and the VA are in ongoing litigation, in which Eleraky's attorney subpoenaed the medical records of a patient we'll call John, who agreed to be interviewed but not identified by name.

[Hyperlink to Above](#)

1.2 - The Register-Herald: [Beckley VA Medical Center welcomes new associate director, chief of staff](#) (25 November, Wendy Holdren, 77k online visitors/mo; Beckley, WV)

The Beckley VA Medical Center recently appointed two positions — John D. Stout as associate director and Dr. Mark D. Harris as chief of staff. As associate director, Stout is responsible for the nonclinical operations of the Beckley VA health care facility and two community-based clinics in Mercer and Greenbrier counties.

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2. [Greater Choice for Veterans](#)

2.1 - Community Impact: [Leander veteran fights to improve Veterans Affairs health care system in Washington, D.C.](#) (25 November, Caitlin Perrone, 521 online visitors/mo; Pflugerville, TX)

Thirty years ago Charles Nelson said he joined the Army to have a chance at a better life by fighting for his country. Decades later the Leander veteran said he had to battle the Veterans Affairs health care system just to get on the operating table. Despite what he called years of "bureaucracy, red tape and paperwork," Nelson had his much-needed second kidney replacement and is now helping fellow veterans have a voice in their health care.

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3. [Modernize Our System](#) – No Coverage

4. [Focus Resources More Efficiently](#)

4.1 - NJ.com: [Salem County Veterans Corner: Seamless care for traveling vets](#) (25 November, Joseph Hannagan Jr., 9.4M online visitors/mo; Iselin, NJ)

The Veterans Administration is committed to providing first class health care to our veterans whether they are at home or traveling. If a veteran is enrolled in the VA Health care system, they should contact their Patient Aligned Care Team (PACT) or specialty care provider as soon as possible when they are traveling or temporarily experiencing a change of address -- such as

living in one state during the winter and another during the summer -- to ensure a smother experience, if health care is needed along the way at an alternate VA Medical facility.

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4.2 - The Tennessee Journal: [Veteran sues VA staffers, U.S. Rep. Phil Roe, over denial of pain medication](#) (25 November, Tom Humphrey, 184 online visitors/mo; Nashville, TN)

A Marine Corps veteran who contends he suffers constant and intense pain from service-related injuries has filed a federal lawsuit against 17 employees of an East Tennessee Veterans Administration hospital and a congressman over a policy limiting pain medication provided by the VA, reports the Johnson City Press.

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4.3 - National Pain Report: [Tennessee Marine with Chronic Pain Files Suit](#) (25 November, Ed Coghlan)

The recruiting slogan is well known: You don't join the Marines—you become one. And for chronic pain patient, Robert Rose, you never really stop being one. The East Tennessee Marine—who believes that the restrictions on opioid prescribing are hurting veterans—has gone on the attack. He has filed a \$350 million lawsuit that names several employees of the Mountain Home Veterans' Affairs Medical Center and U.S. Rep. Phil Roe (R-TN).

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5. [Improve Timeliness of Service](#) – No Coverage

6. [Suicide Prevention](#) – No Coverage

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - iHeartRadio: [Veteran Shares Experiences at VA Public Hearing](#) (25 November, 10M online visitors/mo; New York, NY)

A veteran of the U.S. Army spoke during a federal veterans affairs public hearing in Columbus, earlier this week. He choked-up a few times in testimony about his time in Iraq and dealing with veterans affairs after coming home. James Powers is a 12-year Army veteran who was deployed to the middle east for two years.

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7.2 - Richmond Confidential: [Contra Costa TV program Veterans' Voices gives a voice to those who served](#) (25 November, Alexa Hornbeck, 10k online visitors/mo; Richmond, CA)

Inside a broadcast studio in Martinez under heated lights is a shadow box display of shimmering war medals and black-and-white photographs. Nathan Johnson points at the pieces of the military memorabilia, then notices his reflection on the glass case. He's reluctant to explain the symbolism of the medals, despite the accomplishments they represent. "To ask a veteran to display all their medals is asking them to display their personal accomplishments, instead of the accomplishments of their unit, their team," he explained.

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8. [Other](#)

8.1 - Journal-News: [First responder overdoses underline extreme danger to opioid exposure](#) (25 November, Nick Blizzard, 444k online visitors/mo; Hamilton, OH)

Recent local events have again shed light on the dangers of accidental exposures to opioids, including one of the most dangerous, fentanyl.

The Butler County Health Department last week issued a warning to the public after “a significant increase in the number of opioid overdoses” in a 24-hour period.

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8.2 - WITI-TV: [Doctors, nurses at hospital grant veteran's wish to ride carousel](#) (25 November, 1.5M online visitors/mo; Milwaukee, WI)

One Northeast Ohio family wanted to give thanks to the doctors and nurses at the Veteran's Medical Center in Cleveland on this Thanksgiving for helping them grant a dying veteran's final wish. Billy Rose, 68, was admitted for the last time on October 16th, battling pancreatic cancer. Right across the street from the VA hospital, in the Western Reserve Historical Society, sits the old carousel from Euclid Beach Park, which Rose had ridden as a child. All he wanted, his family said, was to get well enough to ride it once again.

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1. [Top Stories](#)

1.1 - Clarion Ledger (VIDEO): [VA doctor, barred from seeing patients, paid \\$1M despite 'no job responsibilities'](#) (25 November, Anna Wolfe, 872k online visitors/mo; Jackson, MS)

G.V. "Sonny" Montgomery Veterans Affairs Medical Center barred one of its doctors from seeing patients years ago but continues to pay him a \$339,177 annual salary.

The Jackson VA fired neurosurgeon Dr. Mohamed Eleraky in August 2016 following questions about his treatment of five anonymous patients, but he's back on staff today.

Eleraky and the VA are in ongoing litigation, in which Eleraky's attorney subpoenaed the medical records of a patient we'll call John, who agreed to be interviewed but not identified by name.

In 2013, Eleraky performed a spinal fusion on John.

"Things did not turn out well for me at all," John told the Clarion Ledger.

The veteran first got an infection, then the VA sent him to the University of Mississippi Medical Center "for them to redo something that had went wrong," John said.

"I couldn't move my head. I couldn't turn my head to the side very far ... For the longest, I couldn't lift my arms over my shoulder," John said. "I seem to be slowly getting better but there's some problems I'm still having."

He's just now regaining feeling in his right hand, his dominant hand, four years later.

John, who is in his 60s, said he couldn't recall what doctors told him went wrong in surgery, nor does he know if Eleraky is at fault for the adverse events he experienced.

Eleraky returned to work at the medical center in April after the VA Disciplinary Appeals Board found local officials did not prove their claims that Eleraky failed to properly assess patients or failed to follow surgical rules.

Still, "(Eleraky) is not in a patient care position, nor will he ever be until it is clear he has the requisite skills to practice neurosurgery," Jackson VA Director David Walker said in a statement.

After weeks of inquiry by the Clarion Ledger, the U.S. Department of Veteran Affairs provided a statement saying if local officials do not believe Eleraky can resume surgical duties, he should be transferred to a nonsurgical clinical position with a lower salary.

If medical center leaders believe he cannot provide patient care altogether, the statement continued, he should be terminated or given an administrative, non-clinical position with corresponding pay.

This situation isn't necessarily unique. In February 2016, the Clarion Ledger found VA medical centers across the country, including in Mississippi, dole out millions in paid administrative leave for doctors with questionable track records.

Retired Maj. Gen. Erik Hearon, former assistant adjutant general and commander of the Mississippi Air National Guard, told the Clarion Ledger then that veterans are hurt by this because they can't see these surgeons and taxpayers are hurt because they have to pay for veterans to receive care elsewhere.

VA officials are continuing to explore whether they can pursue other disciplinary actions against Eleraky.

In 2015, the doctor filed a complaint in federal court against the medical center, alleging the discipline he's received — an initial suspension of his operating privileges in 2013 and a second suspension of his entire clinical privileges in 2014 — was improper.

It's clear the VA doesn't want Eleraky as a doctor on its medical staff, treating patients, but officials won't say exactly what happened in the operating room to warrant multiple disciplinary actions or why the medical center was "forced to reinstate him" earlier this year.

After repeated requests, a VA spokesperson said ongoing litigation prevents the center from providing the justification for Eleraky's termination, other than "reason having to do with clinical care."

The VA has paid Eleraky more than \$1 million over the course of 3½ years, during which he has not performed any surgeries. For three of those years, he didn't even see patients, relegated instead to "sitting in his office with no job responsibilities," according to the lawsuit.

The VA first suspended Eleraky's operating privileges in July 2013, less than two years after he was hired as a neurosurgeon to the center's medical staff. Eleraky claims in his lawsuit that officials did not explain the reason for his suspension, nor did he receive a fair disciplinary hearing.

Eleraky's attorney, Whitman Johnson III, said the initial suspension arose out of an alleged surgical complication that is "actually a common outcome for this type of procedure."

Eleraky remained on staff for almost a year until the VA suspended him from seeing patients altogether in April 2014.

"Dr. Eleraky's privileges remained suspended with no results or action taken for over 2 years. During that time, he was relegated to sitting in his office with no job responsibilities, effectively stigmatizing him," reads Eleraky's amended complaint, filed Nov. 6.

Johnson claims in the lawsuit the VA "intentionally held Dr. Eleraky in limbo by progressively expanding and extending his 'temporary' suspensions with no apparent intent to reach a decision in the hope that he eventually resigns on his own."

The VA eventually fired him in August 2016 after Eleraky complained to VA headquarters about his inability to resolve the suspension.

During this time, Eleraky's hospital privileges expired, so he's awaiting direction from the VA on taking a skills assessment so he can regain privileges that allow him to conduct surgery.

Veteran Affairs Secretary David Shulkin has instructed the VA to perform a review to see if there are doctors across the system being paid clinical salaries while not performing clinical duties.

Though Eleraky's suspension was based on his care of five patients, an October letter from Johnson to VA Human Resource representative Wilmino Sainbert, reveals the VA attempted to use additional patient stories in the case against him.

Emails to a personal address listed for Eleraky went unanswered.

Counsel for the Jackson VA, Assistant U.S. Attorney Angela Williams, also would not comment.

Eleraky claims in his complaint he was inappropriately disciplined for "his initial refusal to amend certain patient records until ordered to do so, his ethnicity and any related speech pattern issues, and in retaliation for his filing of an EEOC (Equal Employment Opportunity Commission) complaint."

Eleraky, 52, is originally from Egypt, where he received his medical degree from Tanta University in 1988. He received his master in general surgery in 1993 and his doctor of philosophy in neurosurgery in 1999 from the University of Arizona.

Before arriving at the Jackson VA, Eleraky completed a complex spine surgery fellowship at University of California at Davis and three years of neuro-oncology training at the H. Lee Moffitt Cancer Center & Research Institute in Florida.

Eleraky is not a licensed doctor in the state of Mississippi, but in Florida. The Florida Health Department has no record of complaints or discipline against Eleraky.

VA medical centers do not require doctors to be licensed in the state in which they are employed. Because Eleraky is not licensed in Mississippi, the Mississippi State Board of Medical Licensure has no jurisdiction to investigate Eleraky.

In July, the U.S. Department of Veteran Affairs began publishing a list of employee terminations, demotions and suspensions in an effort to increase transparency.

"Veterans and taxpayers have a right to know what we're doing to hold our employees accountable and make our personnel actions transparent," Shulkin said in written statement.

Below is the full statement from U.S. Department of Veteran Affairs Press Secretary Curt Cashour:

In April, VA was forced to reinstate Dr. Mohamed Eleraky, whom we had fired in August of 2016.

Dr. Eleraky is not presently in a surgical position, but (Veteran Affairs) Secretary (David) Shulkin has made clear that any VA doctors who were hired for clinical positions are required to practice in a clinical position caring for patients.

If the medical center leadership does not feel Dr. Eleraky is able to resume surgical duties, we will ensure he is moved to caring for patients in a clinical, non-surgical capacity, and adjust his salary downward to reflect his new role.

If medical center leaders do not believe Dr. Eleraky is qualified to treat patients altogether, then he should be removed from VA employment or transferred to a VA administrative position with an administrative/non-clinical care salary.

Also, we are exploring whether additional grounds exist to pursue other disciplinary actions for Dr. Eleraky with a new set of facts.

Finally, Secretary Shulkin has directed VA to conduct a top-to-bottom review to determine whether there are other doctors in the VA system who were hired for clinical positions and are not performing clinical duties while receiving salaries of practicing physicians, so that those cases, if any, will be handled in the same way as we are now proceeding with Dr. Eleraky.

As part of this review, we are examining whether new policy or legislative changes are necessary to allow VA to remove unqualified physicians from clinical care responsibilities and/or employment within the VA system.

We are committed to holding employees accountable if they fail to do their jobs or live up to VA's values, and we will never allow disciplinary red tape to jeopardize patient safety.

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1.2 - The Register-Herald: [Beckley VA Medical Center welcomes new associate director, chief of staff](#) (25 November, Wendy Holdren, 77k online visitors/mo; Beckley, WV)

The Beckley VA Medical Center recently appointed two positions — John D. Stout as associate director and Dr. Mark D. Harris as chief of staff.

As associate director, Stout is responsible for the nonclinical operations of the Beckley VA health care facility and two community-based clinics in Mercer and Greenbrier counties.

Stout, a veteran of the U.S. Marine Corps with more than 23 years of military experience, will plan, organize, direct, coordinate, control, review, evaluate, and improve administrative and supportive operations of the facility, which administers a variety of medical care and treatment for veterans in 11 counties in southern West Virginia.

Prior to his arrival at the Beckley VA, he was at the Department of Health and Human Services, where he was chief executive officer and chief operations officer at Indian Health services critical access hospitals.

“We welcome Mr. Stout’s valuable background in health care contracting and logistics and his military service,” said Director Stacy Vasquez. “He brings a unique set of skills to our team that will help accomplish our medical facility’s goals.”

Stout said he believes in mission accomplishment first and people always.

“I appreciate the VA’s mission, and as a veteran myself, I cannot wait to continue to serve in this new role,” he added.

|||

Dr. Harris has been named the chief of staff, replacing Dr. Mohammad Amjad, the acting chief of staff since Aug. 25.

Harris will be responsible for all the clinical operations at the Beckley VAMC and two community clinics in Greenbrier and Mercer counties.

“We’re thrilled that someone with Dr. Harris’ vast medical expertise and military service record has accepted the role of chief of staff,” Vasquez said. “With his diverse and progressive medical knowledge and experience, Dr. Harris is the perfect person to oversee our clinical programs and help us advance and enhance the health care options available to the veterans we serve.”

Harris’ diverse professional experience spans more than three decades, including 27 years as a medical officer in the U.S. Army. He has served in multiple countries in the Middle East, Africa, and Europe, including as a senior flight surgeon.

“I’m excited to join the Beckley VA team as chief of staff,” Harris said. “I really cannot wait to begin working with everyone. It will be my honor to serve veterans who have served us.”

Prior to his arrival at the Beckley VA, Harris was the regional medical officer at CareMore Health Systems in Memphis, Tenn.

He has practiced family, sports, preventive and occupational medicine at Fort Belvoir Community Hospital, where he taught medical students and residents.

Harris has also served as the Army Medical Department ambassador to the U.S. Department of Health and Human Services.

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[2. Greater Choice for Veterans](#)

2.1 - Community Impact: [Leander veteran fights to improve Veterans Affairs health care system in Washington, D.C.](#) (25 November, Caitlin Perrone, 521 online visitors/mo; Pflugerville, TX)

Thirty years ago Charles Nelson said he joined the Army to have a chance at a better life by fighting for his country. Decades later the Leander veteran said he had to battle the Veterans Affairs health care system just to get on the operating table.

Despite what he called years of “bureaucracy, red tape and paperwork,” Nelson had his much-needed second kidney replacement and is now helping fellow veterans have a voice in their health care.

“We have people that are in the hospital at the VA, and the transplant coordinators are seeing people dying from the choices that the VA is making [by]denying outside care,” he said.

Nelson served as a specialist in the Army from 1987-90 and said he planned to take advantage of the GI Bill to pursue a career in law enforcement after he left the Army. But those plans changed while he was stationed in South Korea for a year. He caught strep throat, which eventually led to kidney failure. He is now a 100 percent service-connected disabled veteran.

His sister Jennifer was an eligible donor, and on May 30, 2000, Nelson had his right kidney replaced.

Sixteen years later, Nelson’s left kidney failed, but his son Austin Coty Nelson was a match.

The transplant was initially approved through the Veterans’ Choice program, but the procedure had to be done at a VA hospital in either Nashville, Tennessee, or Portland, Oregon. However, the Nelsons were thrown a curveball one month before the procedure.

“We were denied because my son wasn’t a veteran,” Nelson said.

With his health failing, the Nelson family decided to do the transplant using Medicare, which picked up 20 percent of the cost. Community members also helped chip in for the cost of the operation, Nelson said. The family traveled to San Antonio for Nelson’s second kidney transplant on June 9, 2016.

“It didn’t make any sense to go off to Oregon or Nashville to do this when we could do it right there in San Antonio,” Nelson’s wife, Tamara, said.

Austin Mayor Steve Adler to not march in Veterans Day parade due to inclusion of Confederacy representatives

Austin Mayor Steve Adler said he would not march in Saturday’s Veteran’s Day parade on Congress Avenue because the parade...

The family is now taking the fight to the nation’s capital.

Last month the Nelsons were invited by U.S. Rep. John Carter, R-Round Rock, to Washington, D.C., to sit in on VA congressional hearings for the Veterans Transplant Coverage Act of 2017. The bill, sponsored by Carter, would require the VA to provide organ transplants to veterans from live donors even if the donor is not a veteran.

During the hearing Carter said Nelson was the inspiration for the bill.

“Mr. Nelson, [a]100 percent disabled service-connected veteran, served his country and ran into this roadblock,” he said. “That’s why we’re here today. They brought up what I thought was a common-sense, crazy thing that should be changed.”

The U.S. House of Representatives passed the bill Nov. 7 in what Nelson hopes is a first step to giving veterans more choices and control over their health care. The bill was referred to the committee of Senate Veterans' Affairs on Nov. 8.

For Tamara the most important thing that others can do to help fix the issue is reach out to elected officials and voice concerns.

"It makes me extremely sad because our situation is already done; there's nothing that the VA can help us with now," Tamara said. "Our issue is seeing all of the veterans that are being denied, and the only reason we keep fighting is because people are listening to us."

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3. Modernize Our System – No Coverage

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4. Focus Resources More Efficiently

4.1 - NJ.com: [Salem County Veterans Corner: Seamless care for traveling vets](#) (25 November, Joseph Hannagan Jr., 9.4M online visitors/mo; Iselin, NJ)

The Veterans Administration is committed to providing first class health care to our veterans whether they are at home or traveling. If a veteran is enrolled in the VA Health care system, they should contact their Patient Aligned Care Team (PACT) or specialty care provider as soon as possible when they are traveling or temporarily experiencing a change of address -- such as living in one state during the winter and another during the summer -- to ensure a smother experience, if health care is needed along the way at an alternate VA Medical facility.

In order to help the VA ensure you receive consistent care while you are traveling, we ask you to notify your (PACT) or specialty care provider, preferably four to six weeks prior to your departure or as soon as you are aware of the trip. You must plan early to allow time for your PACT and the traveling veteran coordinator to coordinate your care at an alternate VA Facility.

Inform your PACT the following:

- * Travel destination and temporary address
- * A valid telephone number
- * Arrival and departure dates
- * Specific care concerns

How does the VA coordinate care if you are traveling or living at a temporary address?

If you see a care provider while traveling, care received at that facility will be documented in your electronic medical record. This information will be available at your local VA PACT top review and follow up with treatment options for you, if necessary.

By Joseph Hannagan Jr. The most recent information on our veteran population is around 22 million with just over half of these veterans being over the age of 65. This number is growing every day with today it is around 12.5 million. These veterans served in conflicts around the world including World War II, the Korean War, the Vietnam...

How can I reach my PACT or provider without an appointment?

If you are unable to make an appointment to see your PACT or provider in person, you can reach them, by telephone or through secure messaging in MyHealthVet. For more information about MyHealthVet and how to register, visit www.MyHealthVet.va.gov

Why it's important to discuss travel plans with the VA

VA's goal is to ensure your quality of health care is consistent across all medical facilities. When you inform your PACT of your extended travel plans, the VA can prepare the alternate site for your arrival, if outpatient care is needed. Coordination helps prevent any disruption in your care.

Who to contact for more information

For more information, contact your PACT or traveling Veterans Coordinator at your local VA medical facility or call toll free 1-877-222-8387 Monday through Friday between 8 a.m. and 8 p.m. Eastern Time.

Information for this article was taken from Veterans Administration bulletins.

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4.2 - The Tennessee Journal: [Veteran sues VA staffers, U.S. Rep. Phil Roe, over denial of pain medication](#) (25 November, Tom Humphrey, 184 online visitors/mo; Nashville, TN)

A Marine Corps veteran who contends he suffers constant and intense pain from service-related injuries has filed a federal lawsuit against 17 employees of an East Tennessee Veterans Administration hospital and a congressman over a policy limiting pain medication provided by the VA, reports the Johnson City Press.

Robert D. Rose Jr., of Gray, was a Marine sergeant when he left the service because of documented injuries he suffered during jump training. Rose made a public protest statement in July when he turned his back on U.S. Rep. Phil Roe, R-1st, at a plaque presentation commemorating historic buildings at the Veterans Affairs Medical Center at Mountain Home.

...According to his suit, Rose attempted to talk to Roe after the July 3 presentation, but VA police prevented him from speaking with the congressman.

"I was kidnapped (forced to enter police station against my will without being read my rights or being charged with a crime) by threat of physical violence by three armed officers," Rose said in the filing. "I was then illegally detained in excess of 30 minutes. These actions by the Mountain Home VAMC police force prevented me from speaking to the congressman but also prevented me from speaking to other veterans about these policies."

Rose said he was also prohibited from speaking to a fellow Marine veteran in the medical center foyer.

Rose also accused VA medical staff of falsifying documents to indicate he had violated a pain management narcotic agreement, discharged him from the ER with a blood pressure of 225/170, and slandered him in his official federal medical record with false entries and labeled him as a danger to himself, others and medical staff at the VA.

...U.S. District Judge Travis McDonough filed an order discouraging the defendants from filing a motion to dismiss until the parties meet and determine if any defect in Rose's pro se filing "is likely to be cured by filing an amendment."

McDonough also ordered that “pro se parties familiarize themselves with the Federal Rules of Civil Procedure and Local Rules for the Eastern District of Tennessee, which can be found on the court’s website.”

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4.3 - National Pain Report: [Tennessee Marine with Chronic Pain Files Suit](#) (25 November, Ed Coghlan)

The recruiting slogan is well known: You don’t join the Marines—you become one.

And for chronic pain patient, Robert Rose, you never really stop being one.

The East Tennessee Marine—who believes that the restrictions on opioid prescribing are hurting veterans—has gone on the attack.

He has filed a \$350 million lawsuit that names several employees of the Mountain Home Veterans’ Affairs Medical Center and U.S. Rep. Phil Roe (R-TN).

Rose said he has chronic pain in his back, spine, and legs as a result of severe injuries while in the service. He said he has been tormented since last November when he was forced off pain medication.

He also believes veteran suicides have continued to mount as did cases of death due to natural causes after pain medications were denied to veterans and even cancer patients across the nation.

If you read the National Pain Report, you know Robert Rose. On the July 4th weekend, he was making news when he challenged Representative Rose to answer questions why veterans were—from Rose’s point of view—being denied care.

Here’s how we reported the story.

During Congressman Roe’s speech, Rose, sitting in his wheelchair, turned his back on the Congressman—who by the way in an Army veteran himself and—importantly—Chairman of the House Committee on Veteran Affairs.

After the speech, Rose said his path to the Congressman was blocked by the VA Police and he wasn’t allowed to speak to him.

Rose told me then he’s lost count of how many times he’s tried to speak with Congressman Roe, believes the VA Police were trying intimidate him and illegally detained him before the meeting.

Now Rose has filed a suit—thus far without the help of an attorney.

Rose has chronic pain in his back, spine, and legs as a result of severe injuries while in the service. He said he has been tormented for the last year since he was forced off pain medication.

Rose said the veterans who are not addicted but have severe pain are being neglected.

Stay Tuned.

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5. Improve Timeliness of Service – No Coverage

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6. Suicide Prevention – No Coverage

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - iHeartRadio: Veteran Shares Experiences at VA Public Hearing (25 November, 10M online visitors/mo; New York, NY)

A veteran of the U.S. Army spoke during a federal veterans affairs public hearing in Columbus, earlier this week. He choked-up a few times in testimony about his time in Iraq and dealing with veterans affairs after coming home. James Powers is a 12-year Army veteran who was deployed to the middle east for two years.

"Some things that I and veterans all across this country would like for this committee to think about," said Power, "tonight, when we go to sleep, over 40,000 veterans will go to sleep homeless."

Powers said the rate of suicide among vets is too high, drugs are being prescribed too much, and wait times of more than 30 days are too common in the VA.

"I've been prescribed medications over the years, at times 3 to 5 medications," said Powers, who added increased dosage and additional medications appeared to be the doctors' solution to "fix any problem."

Powers found his voice in front of two sitting members of Congress, the head of veterans affairs in Ohio, and the head of the VFW.

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7.2 - Richmond Confidential: Contra Costa TV program Veterans' Voices gives a voice to those who served (25 November, Alexa Hornbeck, 10k online visitors/mo; Richmond, CA)

Inside a broadcast studio in Martinez under heated lights is a shadow box display of shimmering war medals and black-and-white photographs. Nathan Johnson points at the pieces of the military memorabilia, then notices his reflection on the glass case. He's reluctant to explain the symbolism of the medals, despite the accomplishments they represent.

"To ask a veteran to display all their medals is asking them to display their personal accomplishments, instead of the accomplishments of their unit, their team," he explained.

Five years ago, Johnson started the monthly, live, call-in talk show Veterans' Voices out of the Contra Costa County Television (CCTV) studios. Expanding on his role as a veteran's service officer, Johnson started the television program as a way to provide a stay-at-home resource for young and old veterans adjusting back to civilian life.

At first, the shadow box was a way to honor the son of his co-host, Kevin Graves; his son was killed in Iraq in 2006. Now, the monthly talk show features local veteran's shadow boxes as a way to connect audiences with their stories.

Though most are too humble to display their shadow boxes on television, the opportunity provides veterans with a way to work through feelings of guilt tied to accepting individual recognition after returning from war, even though “several didn’t make it back alive,” Johnson said.

The look and feel of the talk show set— like Johnson himself—is a mix of stern orderliness and familiar comfort. It’s like a coffee shop for politicians: retro plaid couches where guests can sit and a cherrywood shelf lined with ornate globes, plastic plants, and history books. There are about 15 empty chairs for audience members to watch live tapings, which occur every third Monday of the month.

Johnson has a Leave it to Beaver-type television personality. He sits at a mahogany table facing the cameras: chiseled chin, rosy dimples, and a cheesy smile. He makes light-hearted jokes with the hip-looking CCTV crew members.

Later, downstairs in his office, there are maps covering the walls, cataloging places he was once stationed. Johnson has stories for the pile of coins, soldier figurines, certificates, photographs and medals scattered in his own unique shadow box, which his mother helped him make.

The Contra Costa veteran services office is a resource not only for low-income veterans, but also for residents who have served. Veterans who return from service are told they are eligible for Veterans Affairs (VA) benefits. But Johnson said there are challenges when it comes to eligibility: Veterans often don’t understand what benefits are available, it is confusing to know where to go, and the forms are usually complicated.

His office helps vets with disabilities, and assists with applying for health care. They’ll help with pension paperwork, and even burial benefits.

“We are not just helping fill out a form and submit it, but making sure the VA processes it correctly and that the outcome is correct and understandable,” Johnson said.

The show is Johnson’s way to provide the veteran community with alternative coverage of vet issues. An episode on service dogs, or a guest appearance by a child development expert have aired in the past.

“Sometimes, we pick a topic we feel can be better addressed than mainstream media,” Johnson said. “We will bring in some veterans, and get their perspectives, and also experts who have practice in the field. There’s always a mental health component.”

In September, he did an episode on the Veteran’s Treatment Court, which Johnson said are newly established courts that assist veteran’s specific needs. These courts provide opportunities for vets to have legal representation for minor criminal offenses, such as possessing a gun. It also allows them to get medical treatment for mental health issues — rather than be thrown into jail.

“You turn on the news and you hear about veterans and suicide, you hear about veterans and PTSD, you hear about veterans and homelessness, but it’s like 60 seconds,” Johnson said. “We go in-depth into these topics and spend a lot of time planning them out.”

Johnson understands the challenges that veterans face while transitioning back to civilian life, and a big part of that transition is “getting timely, quality and thorough care for mental and physical injuries.”

“Your job is very unique. Every day you get up and put your uniform on. You stand in formation. You smooth the flag. You’re called by your rank. You have a high level of responsibility and purpose,” Johnson reflected.

He then listed off a few Bay Area military bases, even asking the operations director for the Contra Costa County Office of Communications and Media, Chris Verdugo, how many bases were in Contra Costa County.

The answer: zero.

This means the locals who serve are never near families. “In general, you are located in a rural area. And you don’t go much outside that gate and interact with the non-military community,” Johnson said. “But then you leave that very abruptly. Maybe your contract ends. Now, you’re back in the community you left.”

Verdugo chimed in: “It’s like freedom without the structure.”

“Exactly!” Johnson agreed.

He continued: “You are without the uniform you felt pride in, and the buddies that had your back. They knew what your rank was, what your purpose was; they knew the level of expertise that you had, and appreciated it.

“Now, no one knows.”

Veterans’ Voices is facing a major challenge. Funds for public access television in California are limited—which might inevitably mean the end of one of the only media resources for veterans of its kind.

Grants given by the state to continue programming are evaluated each year, based on whether it has influenced veterans to utilize the services available to them in their transition. But that impact is difficult to quantify.

Although there’s no formal way to track the number of viewers, Johnson said positive feedback is given in thank you letters and appreciative comments from visiting veterans.

Johnson admits that, between August and February, it is hard to compete with Monday Night Football viewership. But he has hope the broadcast will continue to receive the funding it needs to provide veterans with a way to learn about the mental and physical health resources available.

“Just the other day, I had two vets come in and talk about things they had learned on the very last episode.” Johnson said, his smile gleaming.

With the poised posture of a soldier, he stood against honey-gold paneled walls—watching as the sun disappeared quickly behind the hills.

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8. [Other](#)

8.1 - Journal-News: [First responder overdoses underline extreme danger to opioid exposure](#) (25 November, Nick Blizzard, 444k online visitors/mo; Hamilton, OH)

Recent local events have again shed light on the dangers of accidental exposures to opioids, including one of the most dangerous, fentanyl.

The Butler County Health Department last week issued a warning to the public after “a significant increase in the number of opioid overdoses” in a 24-hour period.

“Butler County in the past 24 hours has been hit hard,” Butler County Coroner Dr. Lisa Mannix told this newspaper after the warning was issued. “Four cases that have come into my office are under investigation as drug overdoses with the potential of a potent fentanyl analog such as carfentanil among the culprits.”

In addition, recent accidental overdose by first responders and health care professionals in the region have gained national attention.

An officer at the Cincinnati Veterans Affairs Medical Center had to be treated with Narcan after reported exposure to drugs last week.

And in Fairborn, a firefighter-paramedic driving a suspected overdose patient to the hospital earlier this month began showing symptoms of an overdose himself, prompting his partner to jump into action and stop the ambulance in the middle of the road. An additional six firefighters also had to be decontaminated.

Here are five things law enforcement organizations tell their staffs to keep from becoming the next victim of an accidental opioid exposure:

1. Understand that fentanyl can kill you. Fentanyl can be used as a cutting agent in heroin, or it can be pressed into a pill that can look like any other pharmaceutical. In California, for instance, a unscrupulous drug dealer pressed fentanyl into a pill that looked like an ordinary Vicodin. So the drug you encounter today can have fentanyl in it and you would never know it.
2. Know that fentanyl is transdermal. If you touch the heroin or Vicodin pill, you can absorb the pharmaceutical through your skin. If it had carfentanil in it, it could be deadly.
3. Wear proper protective gear. Never handle any drugs, even pharmaceuticals or marijuana, without latex gloves. If an officer is conducting a raid on a dealer of fentanyl, he or she should probably treat that raid as if hitting a drug lab. This means protective gear for everyone, including respirators.
4. Do not field test suspected fentanyl. If handling suspected fentanyl, you should not field test the drug under any circumstances. The less exposure you have to fentanyl, the better off you are.
5. Implement a naloxone program in the agency. Naloxone reverses an opiate overdose. If you or your partner are exposed to fentanyl and are experiencing overdose symptoms, the naloxone you carry with you can reverse that overdose and you can live to fight crime another day.

HOW TO GET HELP

Naloxone (Narcan) is available via pharmacies, doctor's offices, or at no cost from the Butler County Health Department. Call 513-863-1770 to learn more.

Call Butler County's Heroin Help Line at 513-781-7422

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8.2 - WITI-TV: [Doctors, nurses at hospital grant veteran's wish to ride carousel](#) (25 November, 1.5M online visitors/mo; Milwaukee, WI)

One Northeast Ohio family wanted to give thanks to the doctors and nurses at the Veteran's Medical Center in Cleveland on this Thanksgiving for helping them grant a dying veteran's final wish.

Billy Rose, 68, was admitted for the last time on October 16th, battling pancreatic cancer.

Right across the street from the VA hospital, in the Western Reserve Historical Society, sits the old carousel from Euclid Beach Park, which Rose had ridden as a child. All he wanted, his family said, was to get well enough to ride it once again.

So when they got the news that he needed to be transferred from the ICU to hospice care, the family asked doctors and nurses if they could help grant his wish before the move.

In less than half an hour, Billy was bundled up and wheeled across the street, with doctors, nurses, respiratory therapists and oxygen tanks right beside him.

"I think it meant the world to him. I think it did. To me, that was his last wish," said his wife of 49 years, Bernadette Rose.

The Western Reserve Historical Society granted the family use of the carousel for as long as they wanted.

"The joy in his face, he didn't even have to say anything," said daughter Michelle Rose. "I'm thankful my father had that little bit of joy the last moments of his life, before he went to die. So I'm very thankful to the ICU unit, and to the Western Reserve for what they did for him. And there's nothing we can do that is enough to pay them back for what they gave to my father."

A spokesperson for the Cleveland VA sent News 5 the following:

"We are honored each and every day to care for our nation's heroes, especially in their time of need. Our dedicated staff goes above and beyond to provide kind and compassionate care for our Veterans and their families. Often we hear stories of staff working with Veterans, their families and the community to fulfill a Veteran's last wishes, doing whatever we can to honor their service and sacrifice with our deepest gratitude."

Billy Ray Rose passed away November 4 and was laid to rest at the Ohio Western Reserve National Cemetery for veterans in Rittman.

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Veterans Affairs Media Summary and News Clips

26 November 2017

1. [Top Stories](#)

1.1 - Clarion Ledger (VIDEO): [VA doctor, barred from seeing patients, paid \\$1M despite 'no job responsibilities'](#) (25 November, Anna Wolfe, 872k online visitors/mo; Jackson, MS)

G.V. "Sonny" Montgomery Veterans Affairs Medical Center barred one of its doctors from seeing patients years ago but continues to pay him a \$339,177 annual salary. The Jackson VA fired neurosurgeon Dr. Mohamed Eleraky in August 2016 following questions about his treatment of five anonymous patients, but he's back on staff today. Eleraky and the VA are in ongoing litigation, in which Eleraky's attorney subpoenaed the medical records of a patient we'll call John, who agreed to be interviewed but not identified by name.

[Hyperlink to Above](#)

1.2 - The Register-Herald: [Beckley VA Medical Center welcomes new associate director, chief of staff](#) (25 November, Wendy Holdren, 77k online visitors/mo; Beckley, WV)

The Beckley VA Medical Center recently appointed two positions — John D. Stout as associate director and Dr. Mark D. Harris as chief of staff. As associate director, Stout is responsible for the nonclinical operations of the Beckley VA health care facility and two community-based clinics in Mercer and Greenbrier counties.

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2. [Greater Choice for Veterans](#)

2.1 - Community Impact: [Leander veteran fights to improve Veterans Affairs health care system in Washington, D.C.](#) (25 November, Caitlin Perrone, 521 online visitors/mo; Pflugerville, TX)

Thirty years ago Charles Nelson said he joined the Army to have a chance at a better life by fighting for his country. Decades later the Leander veteran said he had to battle the Veterans Affairs health care system just to get on the operating table. Despite what he called years of "bureaucracy, red tape and paperwork," Nelson had his much-needed second kidney replacement and is now helping fellow veterans have a voice in their health care.

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3. [Modernize Our System](#) – No Coverage

4. [Focus Resources More Efficiently](#)

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5. [Improve Timeliness of Service](#) – No Coverage

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The Jackson VA fired neurosurgeon Dr. Mohamed Eleraky in August 2016 following questions about his treatment of five anonymous patients, but he's back on staff today.

Eleraky and the VA are in ongoing litigation, in which Eleraky's attorney subpoenaed the medical records of a patient we'll call John, who agreed to be interviewed but not identified by name.

In 2013, Eleraky performed a spinal fusion on John.

"Things did not turn out well for me at all," John told the Clarion Ledger.

The veteran first got an infection, then the VA sent him to the University of Mississippi Medical Center "for them to redo something that had went wrong," John said.

"I couldn't move my head. I couldn't turn my head to the side very far ... For the longest, I couldn't lift my arms over my shoulder," John said. "I seem to be slowly getting better but there's some problems I'm still having."

He's just now regaining feeling in his right hand, his dominant hand, four years later.

John, who is in his 60s, said he couldn't recall what doctors told him went wrong in surgery, nor does he know if Eleraky is at fault for the adverse events he experienced.

Eleraky returned to work at the medical center in April after the VA Disciplinary Appeals Board found local officials did not prove their claims that Eleraky failed to properly assess patients or failed to follow surgical rules.

Still, "(Eleraky) is not in a patient care position, nor will he ever be until it is clear he has the requisite skills to practice neurosurgery," Jackson VA Director David Walker said in a statement.

After weeks of inquiry by the Clarion Ledger, the U.S. Department of Veteran Affairs provided a statement saying if local officials do not believe Eleraky can resume surgical duties, he should be transferred to a nonsurgical clinical position with a lower salary.

If medical center leaders believe he cannot provide patient care altogether, the statement continued, he should be terminated or given an administrative, non-clinical position with corresponding pay.

This situation isn't necessarily unique. In February 2016, the Clarion Ledger found VA medical centers across the country, including in Mississippi, dole out millions in paid administrative leave for doctors with questionable track records.

Retired Maj. Gen. Erik Hearon, former assistant adjutant general and commander of the Mississippi Air National Guard, told the Clarion Ledger then that veterans are hurt by this because they can't see these surgeons and taxpayers are hurt because they have to pay for veterans to receive care elsewhere.

VA officials are continuing to explore whether they can pursue other disciplinary actions against Eleraky.

In 2015, the doctor filed a complaint in federal court against the medical center, alleging the discipline he's received — an initial suspension of his operating privileges in 2013 and a second suspension of his entire clinical privileges in 2014 — was improper.

It's clear the VA doesn't want Eleraky as a doctor on its medical staff, treating patients, but officials won't say exactly what happened in the operating room to warrant multiple disciplinary actions or why the medical center was "forced to reinstate him" earlier this year.

After repeated requests, a VA spokesperson said ongoing litigation prevents the center from providing the justification for Eleraky's termination, other than "reason having to do with clinical care."

The VA has paid Eleraky more than \$1 million over the course of 3½ years, during which he has not performed any surgeries. For three of those years, he didn't even see patients, relegated instead to "sitting in his office with no job responsibilities," according to the lawsuit.

The VA first suspended Eleraky's operating privileges in July 2013, less than two years after he was hired as a neurosurgeon to the center's medical staff. Eleraky claims in his lawsuit that officials did not explain the reason for his suspension, nor did he receive a fair disciplinary hearing.

Eleraky's attorney, Whitman Johnson III, said the initial suspension arose out of an alleged surgical complication that is "actually a common outcome for this type of procedure."

Eleraky remained on staff for almost a year until the VA suspended him from seeing patients altogether in April 2014.

"Dr. Eleraky's privileges remained suspended with no results or action taken for over 2 years. During that time, he was relegated to sitting in his office with no job responsibilities, effectively stigmatizing him," reads Eleraky's amended complaint, filed Nov. 6.

Johnson claims in the lawsuit the VA "intentionally held Dr. Eleraky in limbo by progressively expanding and extending his 'temporary' suspensions with no apparent intent to reach a decision in the hope that he eventually resigns on his own."

The VA eventually fired him in August 2016 after Eleraky complained to VA headquarters about his inability to resolve the suspension.

During this time, Eleraky's hospital privileges expired, so he's awaiting direction from the VA on taking a skills assessment so he can regain privileges that allow him to conduct surgery.

Veteran Affairs Secretary David Shulkin has instructed the VA to perform a review to see if there are doctors across the system being paid clinical salaries while not performing clinical duties.

Though Eleraky's suspension was based on his care of five patients, an October letter from Johnson to VA Human Resource representative Wilmino Sainbert, reveals the VA attempted to use additional patient stories in the case against him.

Emails to a personal address listed for Eleraky went unanswered.

Counsel for the Jackson VA, Assistant U.S. Attorney Angela Williams, also would not comment.

Eleraky claims in his complaint he was inappropriately disciplined for "his initial refusal to amend certain patient records until ordered to do so, his ethnicity and any related speech pattern issues, and in retaliation for his filing of an EEOC (Equal Employment Opportunity Commission) complaint."

Eleraky, 52, is originally from Egypt, where he received his medical degree from Tanta University in 1988. He received his master in general surgery in 1993 and his doctor of philosophy in neurosurgery in 1999 from the University of Arizona.

Before arriving at the Jackson VA, Eleraky completed a complex spine surgery fellowship at University of California at Davis and three years of neuro-oncology training at the H. Lee Moffitt Cancer Center & Research Institute in Florida.

Eleraky is not a licensed doctor in the state of Mississippi, but in Florida. The Florida Health Department has no record of complaints or discipline against Eleraky.

VA medical centers do not require doctors to be licensed in the state in which they are employed. Because Eleraky is not licensed in Mississippi, the Mississippi State Board of Medical Licensure has no jurisdiction to investigate Eleraky.

In July, the U.S. Department of Veteran Affairs began publishing a list of employee terminations, demotions and suspensions in an effort to increase transparency.

"Veterans and taxpayers have a right to know what we're doing to hold our employees accountable and make our personnel actions transparent," Shulkin said in written statement.

Below is the full statement from U.S. Department of Veteran Affairs Press Secretary Curt Cashour:

In April, VA was forced to reinstate Dr. Mohamed Eleraky, whom we had fired in August of 2016.

Dr. Eleraky is not presently in a surgical position, but (Veteran Affairs) Secretary (David) Shulkin has made clear that any VA doctors who were hired for clinical positions are required to practice in a clinical position caring for patients.

If the medical center leadership does not feel Dr. Eleraky is able to resume surgical duties, we will ensure he is moved to caring for patients in a clinical, non-surgical capacity, and adjust his salary downward to reflect his new role.

If medical center leaders do not believe Dr. Eleraky is qualified to treat patients altogether, then he should be removed from VA employment or transferred to a VA administrative position with an administrative/non-clinical care salary.

Also, we are exploring whether additional grounds exist to pursue other disciplinary actions for Dr. Eleraky with a new set of facts.

Finally, Secretary Shulkin has directed VA to conduct a top-to-bottom review to determine whether there are other doctors in the VA system who were hired for clinical positions and are not performing clinical duties while receiving salaries of practicing physicians, so that those cases, if any, will be handled in the same way as we are now proceeding with Dr. Eleraky.

As part of this review, we are examining whether new policy or legislative changes are necessary to allow VA to remove unqualified physicians from clinical care responsibilities and/or employment within the VA system.

We are committed to holding employees accountable if they fail to do their jobs or live up to VA's values, and we will never allow disciplinary red tape to jeopardize patient safety.

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1.2 - The Register-Herald: [Beckley VA Medical Center welcomes new associate director, chief of staff](#) (25 November, Wendy Holdren, 77k online visitors/mo; Beckley, WV)

The Beckley VA Medical Center recently appointed two positions — John D. Stout as associate director and Dr. Mark D. Harris as chief of staff.

As associate director, Stout is responsible for the nonclinical operations of the Beckley VA health care facility and two community-based clinics in Mercer and Greenbrier counties.

Stout, a veteran of the U.S. Marine Corps with more than 23 years of military experience, will plan, organize, direct, coordinate, control, review, evaluate, and improve administrative and supportive operations of the facility, which administers a variety of medical care and treatment for veterans in 11 counties in southern West Virginia.

Prior to his arrival at the Beckley VA, he was at the Department of Health and Human Services, where he was chief executive officer and chief operations officer at Indian Health services critical access hospitals.

“We welcome Mr. Stout’s valuable background in health care contracting and logistics and his military service,” said Director Stacy Vasquez. “He brings a unique set of skills to our team that will help accomplish our medical facility’s goals.”

Stout said he believes in mission accomplishment first and people always.

“I appreciate the VA’s mission, and as a veteran myself, I cannot wait to continue to serve in this new role,” he added.

|||

Dr. Harris has been named the chief of staff, replacing Dr. Mohammad Amjad, the acting chief of staff since Aug. 25.

Harris will be responsible for all the clinical operations at the Beckley VAMC and two community clinics in Greenbrier and Mercer counties.

“We’re thrilled that someone with Dr. Harris’ vast medical expertise and military service record has accepted the role of chief of staff,” Vasquez said. “With his diverse and progressive medical knowledge and experience, Dr. Harris is the perfect person to oversee our clinical programs and help us advance and enhance the health care options available to the veterans we serve.”

Harris’ diverse professional experience spans more than three decades, including 27 years as a medical officer in the U.S. Army. He has served in multiple countries in the Middle East, Africa, and Europe, including as a senior flight surgeon.

“I’m excited to join the Beckley VA team as chief of staff,” Harris said. “I really cannot wait to begin working with everyone. It will be my honor to serve veterans who have served us.”

Prior to his arrival at the Beckley VA, Harris was the regional medical officer at CareMore Health Systems in Memphis, Tenn.

He has practiced family, sports, preventive and occupational medicine at Fort Belvoir Community Hospital, where he taught medical students and residents.

Harris has also served as the Army Medical Department ambassador to the U.S. Department of Health and Human Services.

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2. Greater Choice for Veterans

2.1 - Community Impact: Leander veteran fights to improve Veterans Affairs health care system in Washington, D.C. (25 November, Caitlin Perrone, 521 online visitors/mo; Pflugerville, TX)

Thirty years ago Charles Nelson said he joined the Army to have a chance at a better life by fighting for his country. Decades later the Leander veteran said he had to battle the Veterans Affairs health care system just to get on the operating table.

Despite what he called years of “bureaucracy, red tape and paperwork,” Nelson had his much-needed second kidney replacement and is now helping fellow veterans have a voice in their health care.

“We have people that are in the hospital at the VA, and the transplant coordinators are seeing people dying from the choices that the VA is making [by]denying outside care,” he said.

Nelson served as a specialist in the Army from 1987-90 and said he planned to take advantage of the GI Bill to pursue a career in law enforcement after he left the Army. But those plans changed while he was stationed in South Korea for a year. He caught strep throat, which eventually led to kidney failure. He is now a 100 percent service-connected disabled veteran.

His sister Jennifer was an eligible donor, and on May 30, 2000, Nelson had his right kidney replaced.

Sixteen years later, Nelson’s left kidney failed, but his son Austin Coty Nelson was a match.

The transplant was initially approved through the Veterans’ Choice program, but the procedure had to be done at a VA hospital in either Nashville, Tennessee, or Portland, Oregon. However, the Nelsons were thrown a curveball one month before the procedure.

“We were denied because my son wasn’t a veteran,” Nelson said.

With his health failing, the Nelson family decided to do the transplant using Medicare, which picked up 20 percent of the cost. Community members also helped chip in for the cost of the operation, Nelson said. The family traveled to San Antonio for Nelson’s second kidney transplant on June 9, 2016.

“It didn’t make any sense to go off to Oregon or Nashville to do this when we could do it right there in San Antonio,” Nelson’s wife, Tamara, said.

Austin Mayor Steve Adler to not march in Veterans Day parade due to inclusion of Confederacy representatives

Austin Mayor Steve Adler said he would not march in Saturday’s Veteran’s Day parade on Congress Avenue because the parade...

The family is now taking the fight to the nation’s capital.

Last month the Nelsons were invited by U.S. Rep. John Carter, R-Round Rock, to Washington, D.C., to sit in on VA congressional hearings for the Veterans Transplant Coverage Act of 2017. The bill, sponsored by Carter, would require the VA to provide organ transplants to veterans from live donors even if the donor is not a veteran.

During the hearing Carter said Nelson was the inspiration for the bill.

“Mr. Nelson, [a] 100 percent disabled service-connected veteran, served his country and ran into this roadblock,” he said. “That’s why we’re here today. They brought up what I thought was a common-sense, crazy thing that should be changed.”

The U.S. House of Representatives passed the bill Nov. 7 in what Nelson hopes is a first step to giving veterans more choices and control over their health care. The bill was referred to the committee of Senate Veterans’ Affairs on Nov. 8.

For Tamara the most important thing that others can do to help fix the issue is reach out to elected officials and voice concerns.

“It makes me extremely sad because our situation is already done; there’s nothing that the VA can help us with now,” Tamara said. “Our issue is seeing all of the veterans that are being denied, and the only reason we keep fighting is because people are listening to us.”

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3. Modernize Our System – No Coverage

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4. Focus Resources More Efficiently

4.1 - NJ.com: [Salem County Veterans Corner: Seamless care for traveling vets](#) (25 November, Joseph Hannagan Jr., 9.4M online visitors/mo; Iselin, NJ)

The Veterans Administration is committed to providing first class health care to our veterans whether they are at home or traveling. If a veteran is enrolled in the VA Health care system, they should contact their Patient Aligned Care Team (PACT) or specialty care provider as soon as possible when they are traveling or temporarily experiencing a change of address -- such as living in one state during the winter and another during the summer -- to ensure a smoother experience, if health care is needed along the way at an alternate VA Medical facility.

In order to help the VA ensure you receive consistent care while you are traveling, we ask you to notify your (PACT) or specialty care provider, preferably four to six weeks prior to your departure or as soon as you are aware of the trip. You must plan early to allow time for your PACT and the traveling veteran coordinator to coordinate your care at an alternate VA Facility.

Inform your PACT the following:

- * Travel destination and temporary address
- * A valid telephone number
- * Arrival and departure dates
- * Specific care concerns

How does the VA coordinate care if you are traveling or living at a temporary address?

If you see a care provider while traveling, care received at that facility will be documented in your electronic medical record. This information will be available at your local VA PACT top review and follow up with treatment options for you, if necessary.

By Joseph Hannagan Jr. The most recent information on our veteran population is around 22 million with just over half of these veterans being over the age of 65. This number is growing every day with today it is around 12.5 million. These veterans served in conflicts around the world including World War II, the Korean War, the Vietnam...

How can I reach my PACT or provider without an appointment?

If you are unable to make an appointment to see your PACT or provider in person, you can reach them, by telephone or through secure messaging in MyHealthVet. For more information about MyHealthVet and how to register, visit www.MyHealthVet.va.gov

Why it's important to discuss travel plans with the VA

VA's goal is to ensure your quality of health care is consistent across all medical facilities. When you inform your PACT of your extended travel plans, the VA can prepare the alternate site for your arrival, if outpatient care is needed. Coordination helps prevent any disruption in your care.

Who to contact for more information

For more information, contact your PACT or traveling Veterans Coordinator at your local VA medical facility or call toll free 1-877-222-8387 Monday through Friday between 8 a.m. and 8 p.m. Eastern Time.

Information for this article was taken from Veterans Administration bulletins.

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4.2 - The Tennessee Journal: [Veteran sues VA staffers, U.S. Rep. Phil Roe, over denial of pain medication](#) (25 November, Tom Humphrey, 184 online visitors/mo; Nashville, TN)

A Marine Corps veteran who contends he suffers constant and intense pain from service-related injuries has filed a federal lawsuit against 17 employees of an East Tennessee Veterans Administration hospital and a congressman over a policy limiting pain medication provided by the VA, reports the Johnson City Press.

Robert D. Rose Jr., of Gray, was a Marine sergeant when he left the service because of documented injuries he suffered during jump training. Rose made a public protest statement in July when he turned his back on U.S. Rep. Phil Roe, R-1st, at a plaque presentation commemorating historic buildings at the Veterans Affairs Medical Center at Mountain Home.

...According to his suit, Rose attempted to talk to Roe after the July 3 presentation, but VA police prevented him from speaking with the congressman.

"I was kidnapped (forced to enter police station against my will without being read my rights or being charged with a crime) by threat of physical violence by three armed officers," Rose said in the filing. "I was then illegally detained in excess of 30 minutes. These actions by the Mountain Home VAMC police force prevented me from speaking to the congressman but also prevented me from speaking to other veterans about these policies."

Rose said he was also prohibited from speaking to a fellow Marine veteran in the medical center foyer.

Rose also accused VA medical staff of falsifying documents to indicate he had violated a pain management narcotic agreement, discharged him from the ER with a blood pressure of 225/170, and slandered him in his official federal medical record with false entries and labeled him as a danger to himself, others and medical staff at the VA.

...U.S. District Judge Travis McDonough filed an order discouraging the defendants from filing a motion to dismiss until the parties meet and determine if any defect in Rose's pro se filing "is likely to be cured by filing an amendment."

McDonough also ordered that "pro se parties familiarize themselves with the Federal Rules of Civil Procedure and Local Rules for the Eastern District of Tennessee, which can be found on the court's website."

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4.3 - National Pain Report: [Tennessee Marine with Chronic Pain Files Suit](#) (25 November, Ed Coghlan)

The recruiting slogan is well known: You don't join the Marines—you become one.

And for chronic pain patient, Robert Rose, you never really stop being one.

The East Tennessee Marine—who believes that the restrictions on opioid prescribing are hurting veterans—has gone on the attack.

He has filed a \$350 million lawsuit that names several employees of the Mountain Home Veterans' Affairs Medical Center and U.S. Rep. Phil Roe (R-TN).

Rose said he has chronic pain in his back, spine, and legs as a result of severe injuries while in the service. He said he has been tormented since last November when he was forced off pain medication.

He also believes veteran suicides have continued to mount as did cases of death due to natural causes after pain medications were denied to veterans and even cancer patients across the nation.

If you read the National Pain Report, you know Robert Rose. On the July 4th weekend, he was making news when he challenged Representative Rose to answer questions why veterans were—from Rose's point of view—being denied care.

Here's how we reported the story.

During Congressman Roe's speech, Rose, sitting in his wheelchair, turned his back on the Congressman—who by the way in an Army veteran himself and—importantly—Chairman of the House Committee on Veteran Affairs.

After the speech, Rose said his path to the Congressman was blocked by the VA Police and he wasn't allowed to speak to him.

Rose told me then he's lost count of how many times he's tried to speak with Congressman Roe, believes the VA Police were trying intimidate him and illegally detained him before the meeting.

Now Rose has filed a suit—thus far without the help of an attorney.

Rose has chronic pain in his back, spine, and legs as a result of severe injuries while in the service. He said he has been tormented for the last year since he was forced off pain medication.

Rose said the veterans who are not addicted but have severe pain are being neglected.

Stay Tuned.

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5. [Improve Timeliness of Service](#) – No Coverage

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6. [Suicide Prevention](#) – No Coverage

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - iHeartRadio: [Veteran Shares Experiences at VA Public Hearing](#) (25 November, 10M online visitors/mo; New York, NY)

A veteran of the U.S. Army spoke during a federal veterans affairs public hearing in Columbus, earlier this week. He choked-up a few times in testimony about his time in Iraq and dealing with veterans affairs after coming home. James Powers is a 12-year Army veteran who was deployed to the middle east for two years.

"Some things that I and veterans all across this country would like for this committee to think about," said Power, "tonight, when we go to sleep, over 40,000 veterans will go to sleep homeless."

Powers said the rate of suicide among vets is too high, drugs are being prescribed too much, and wait times of more than 30 days are too common in the VA.

"I've been prescribed medications over the years, at times 3 to 5 medications," said Powers, who added increased dosage and additional medications appeared to be the doctors' solution to "fix any problem."

Powers found his voice in front of two sitting members of Congress, the head of veterans affairs in Ohio, and the head of the VFW.

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7.2 - Richmond Confidential: [Contra Costa TV program Veterans' Voices gives a voice to those who served](#) (25 November, Alexa Hornbeck, 10k online visitors/mo; Richmond, CA)

Inside a broadcast studio in Martinez under heated lights is a shadow box display of shimmering war medals and black-and-white photographs. Nathan Johnson points at the pieces of the military memorabilia, then notices his reflection on the glass case. He's reluctant to explain the symbolism of the medals, despite the accomplishments they represent.

"To ask a veteran to display all their medals is asking them to display their personal accomplishments, instead of the accomplishments of their unit, their team," he explained.

Five years ago, Johnson started the monthly, live, call-in talk show Veterans' Voices out of the Contra Costa County Television (CCTV) studios. Expanding on his role as a veteran's service officer, Johnson started the television program as a way to provide a stay-at-home resource for young and old veterans adjusting back to civilian life.

At first, the shadow box was a way to honor the son of his co-host, Kevin Graves; his son was killed in Iraq in 2006. Now, the monthly talk show features local veteran's shadow boxes as a way to connect audiences with their stories.

Though most are too humble to display their shadow boxes on television, the opportunity provides veterans with a way to work through feelings of guilt tied to accepting individual recognition after returning from war, even though "several didn't make it back alive," Johnson said.

The look and feel of the talk show set— like Johnson himself—is a mix of stern orderliness and familiar comfort. It's like a coffee shop for politicians: retro plaid couches where guests can sit and a cherrywood shelf lined with ornate globes, plastic plants, and history books. There are about 15 empty chairs for audience members to watch live tapings, which occur every third Monday of the month.

Johnson has a Leave it to Beaver-type television personality. He sits at a mahogany table facing the cameras: chiseled chin, rosy dimples, and a cheesy smile. He makes light-hearted jokes with the hip-looking CCTV crew members.

Later, downstairs in his office, there are maps covering the walls, cataloging places he was once stationed. Johnson has stories for the pile of coins, soldier figurines, certificates, photographs and medals scattered in his own unique shadow box, which his mother helped him make.

The Contra Costa veteran services office is a resource not only for low-income veterans, but also for residents who have served. Veterans who return from service are told they are eligible for Veterans Affairs (VA) benefits. But Johnson said there are challenges when it comes to eligibility: Veterans often don't understand what benefits are available, it is confusing to know where to go, and the forms are usually complicated.

His office helps vets with disabilities, and assists with applying for health care. They'll help with pension paperwork, and even burial benefits.

"We are not just helping fill out a form and submit it, but making sure the VA processes it correctly and that the outcome is correct and understandable," Johnson said.

The show is Johnson's way to provide the veteran community with alternative coverage of vet issues. An episode on service dogs, or a guest appearance by a child development expert have aired in the past.

"Sometimes, we pick a topic we feel can be better addressed than mainstream media," Johnson said. "We will bring in some veterans, and get their perspectives, and also experts who have practice in the field. There's always a mental health component."

In September, he did an episode on the Veteran's Treatment Court, which Johnson said are newly established courts that assist veteran's specific needs. These courts provide opportunities for vets to have legal representation for minor criminal offenses, such as possessing a gun. It also allows them to get medical treatment for mental health issues — rather than be thrown into jail.

"You turn on the news and you hear about veterans and suicide, you hear about veterans and PTSD, you hear about veterans and homelessness, but it's like 60 seconds," Johnson said. "We go in-depth into these topics and spend a lot of time planning them out."

Johnson understands the challenges that veterans face while transitioning back to civilian life, and a big part of that transition is “getting timely, quality and thorough care for mental and physical injuries.”

“Your job is very unique. Every day you get up and put your uniform on. You stand in formation. You smooth the flag. You’re called by your rank. You have a high level of responsibility and purpose,” Johnson reflected.

He then listed off a few Bay Area military bases, even asking the operations director for the Contra Costa County Office of Communications and Media, Chris Verdugo, how many bases were in Contra Costa County.

The answer: zero.

This means the locals who serve are never near families. “In general, you are located in a rural area. And you don’t go much outside that gate and interact with the non-military community,” Johnson said. “But then you leave that very abruptly. Maybe your contract ends. Now, you’re back in the community you left.”

Verdugo chimed in: “It’s like freedom without the structure.”

“Exactly!” Johnson agreed.

He continued: “You are without the uniform you felt pride in, and the buddies that had your back. They knew what your rank was, what your purpose was; they knew the level of expertise that you had, and appreciated it.

“Now, no one knows.”

Veterans’ Voices is facing a major challenge. Funds for public access television in California are limited— which might inevitably mean the end of one of the only media resources for veterans of its kind.

Grants given by the state to continue programming are evaluated each year, based on whether it has influenced veterans to utilize the services available to them in their transition. But that impact is difficult to quantify.

Although there’s no formal way to track the number of viewers, Johnson said positive feedback is given in thank you letters and appreciative comments from visiting veterans.

Johnson admits that, between August and February, it is hard to compete with Monday Night Football viewership. But he has hope the broadcast will continue to receive the funding it needs to provide veterans with a way to learn about the mental and physical health resources available.

“Just the other day, I had two vets come in and talk about things they had learned on the very last episode.” Johnson said, his smile gleaming.

With the poised posture of a soldier, he stood against honey-gold paneled walls—watching as the sun disappeared quickly behind the hills.

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8. [Other](#)

8.1 - Journal-News: First responder overdoses underline extreme danger to opioid exposure (25 November, Nick Blizzard, 444k online visitors/mo; Hamilton, OH)

Recent local events have again shed light on the dangers of accidental exposures to opioids, including one of the most dangerous, fentanyl.

The Butler County Health Department last week issued a warning to the public after “a significant increase in the number of opioid overdoses” in a 24-hour period.

“Butler County in the past 24 hours has been hit hard,” Butler County Coroner Dr. Lisa Mannix told this newspaper after the warning was issued. “Four cases that have come into my office are under investigation as drug overdoses with the potential of a potent fentanyl analog such as carfentanil among the culprits.”

In addition, recent accidental overdose by first responders and health care professionals in the region have gained national attention.

An officer at the Cincinnati Veterans Affairs Medical Center had to be treated with Narcan after reported exposure to drugs last week.

And in Fairborn, a firefighter-paramedic driving a suspected overdose patient to the hospital earlier this month began showing symptoms of an overdose himself, prompting his partner to jump into action and stop the ambulance in the middle of the road. An additional six firefighters also had to be decontaminated.

Here are five things law enforcement organizations tell their staffs to keep from becoming the next victim of an accidental opioid exposure:

1. Understand that fentanyl can kill you. Fentanyl can be used as a cutting agent in heroin, or it can be pressed into a pill that can look like any other pharmaceutical. In California, for instance, a unscrupulous drug dealer pressed fentanyl into a pill that looked like an ordinary Vicodin. So the drug you encounter today can have fentanyl in it and you would never know it.
2. Know that fentanyl is transdermal. If you touch the heroin or Vicodin pill, you can absorb the pharmaceutical through your skin. If it had carfentanil in it, it could be deadly.
3. Wear proper protective gear. Never handle any drugs, even pharmaceuticals or marijuana, without latex gloves. If an officer is conducting a raid on a dealer of fentanyl, he or she should probably treat that raid as if hitting a drug lab. This means protective gear for everyone, including respirators.
4. Do not field test suspected fentanyl. If handling suspected fentanyl, you should not field test the drug under any circumstances. The less exposure you have to fentanyl, the better off you are.
5. Implement a naloxone program in the agency. Naloxone reverses an opiate overdose. If you or your partner are exposed to fentanyl and are experiencing overdose symptoms, the naloxone you carry with you can reverse that overdose and you can live to fight crime another day.

HOW TO GET HELP

Naloxone (Narcan) is available via pharmacies, doctor's offices, or at no cost from the Butler County Health Department. Call 513-863-1770 to learn more.

Call Butler County's Heroin Help Line at 513-781-7422

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8.2 - WITI-TV: [Doctors, nurses at hospital grant veteran's wish to ride carousel](#) (25 November, 1.5M online visitors/mo; Milwaukee, WI)

One Northeast Ohio family wanted to give thanks to the doctors and nurses at the Veteran's Medical Center in Cleveland on this Thanksgiving for helping them grant a dying veteran's final wish.

Billy Rose, 68, was admitted for the last time on October 16th, battling pancreatic cancer.

Right across the street from the VA hospital, in the Western Reserve Historical Society, sits the old carousel from Euclid Beach Park, which Rose had ridden as a child. All he wanted, his family said, was to get well enough to ride it once again.

So when they got the news that he needed to be transferred from the ICU to hospice care, the family asked doctors and nurses if they could help grant his wish before the move.

In less than half an hour, Billy was bundled up and wheeled across the street, with doctors, nurses, respiratory therapists and oxygen tanks right beside him.

"I think it meant the world to him. I think it did. To me, that was his last wish," said his wife of 49 years, Bernadette Rose.

The Western Reserve Historical Society granted the family use of the carousel for as long as they wanted.

"The joy in his face, he didn't even have to say anything," said daughter Michelle Rose. "I'm thankful my father had that little bit of joy the last moments of his life, before he went to die. So I'm very thankful to the ICU unit, and to the Western Reserve for what they did for him. And there's nothing we can do that is enough to pay them back for what they gave to my father."

A spokesperson for the Cleveland VA sent News 5 the following:

"We are honored each and every day to care for our nation's heroes, especially in their time of need. Our dedicated staff goes above and beyond to provide kind and compassionate care for our Veterans and their families. Often we hear stories of staff working with Veterans, their families and the community to fulfill a Veteran's last wishes, doing whatever we can to honor their service and sacrifice with our deepest gratitude."

Billy Ray Rose passed away November 4 and was laid to rest at the Ohio Western Reserve National Cemetery for veterans in Rittman.

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From: (b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 7 December Veterans Affairs Media Summary and News Clips

Date: Thu Dec 07 2017 04:15:48 CST

Attachments: 171207_Veterans Affairs Media Summary and News Clips.docx
171207_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

7 December 2017

1. [Top Stories](#)

1.1 - Washington Post (AP): [Shulkin urges emergency aid for VA private health care soon](#)

(6 December, Hope Yen, 43.9M online visitors/mo; Washington, DC)

In a fresh warning, Veterans Affairs Secretary David Shulkin said Wednesday there could potentially be delays in providing medical care to tens of thousands of veterans if lawmakers don't act soon to approve billions in emergency funding for the ailing private-sector Choice program. In a statement, Shulkin said he was heartened by several congressional bills that would provide longer-term fixes to the Department of Veterans Affairs program by giving veterans wider freedom...

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1.2 - Washington Post: [VA tried to reallocate \\$460 million earmarked for homeless veterans. Now it says that won't happen.](#)

(6 December, Emily Wax-Thibodeaux, 43.9M online visitors/mo; Washington, DC)

The Department of Veterans Affairs appears to be backtracking on its divisive plan to reallocate nearly a half-billion dollars from a successful program to reduce homelessness among former military personnel, bowing to pressure from lawmakers and advocacy groups who criticized the effort as cruel and counterproductive. The about-face, announced in a statement Wednesday night from VA Secretary David Shulkin, followed a Washington Post inquiry about the Trump administration's effort to divert the funding...

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1.3 - Politico: [VA cuts program for homeless vets after touting Trump's commitment](#)

(6 December, Arthur Allen and Lorraine Woellert, 23.9M online visitors/mo; Washington, DC)

Four days after Veterans Affairs Secretary David Shulkin held a big Washington event to tout the Trump administration's promise to house all homeless vets, the agency did an about-face, telling advocates it was pulling resources from a major housing program. The VA said it was essentially ending a special \$460 million program that has dramatically reduced homelessness among chronically sick and vulnerable veterans. Instead, the money would go to local VA hospitals...

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1.4 - Daily Caller: [Veterans ID Card System Run By Hillary Donor Is Still Down](#)

(6 December, Jonah Bennet, 12M online visitors/mo; Washington, DC)

The new veterans' ID card system, run by the former deputy secretary of veterans affairs, has experienced a litany of technical difficulties and is still offline. The Department of Veterans Affairs announced in October that it would begin issuing Veteran Identification Cards in November, so that veterans could prove they had served in the military without lugging along a cumbersome DD-214 form.

[Hyperlink to Above](#)

1.5 - Military Times: [House finalizes bill allowing more VA medical center investigations](#)

(6 December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

House lawmakers easily finalized legislation Wednesday to let Veterans Affairs officials more easily identify and react to problems with their own health care facilities, as part of a broader effort to encourage accountability among department workers. The legislation, dubbed the Enhancing Veteran Care Act, was passed by the Senate last month and by a 423-0 vote on Wednesday. It now heads to the White House to be signed into law.

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1.6 - Military Times: [Number of homeless vets rises for first time in seven years](#) (6

December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

The number of homeless veterans across America increased in 2017 for the first time in seven years, when government officials began their nationwide push to help impoverished former service members. The increase reflects estimates from last January, before President Donald Trump took office and any of his new housing policies were put in place.

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1.7 - Stars and Stripes: [Veterans advocates see progress in fight for caregiver benefits](#) (6

December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

Some veterans organizations on Wednesday urged lawmakers to pass legislative reforms for the Department of Veterans Affairs that include a mandate to expand caregiver benefits to veterans injured before 9/11 – a group that isn't eligible now. Disabled American Veterans, the American Legion, Veterans of Foreign Wars and Paralyzed Veterans of America went to the Capitol and presented lawmakers with a printed petition...

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2. [Greater Choice for Veterans](#)

2.1 - WFED (AM-1500): [The other year-end deadline lawmakers haven't solved](#) (6

December, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

Instead, it's the ticking time bomb that is the Veterans Choice Program, which the Veterans Affairs Department has said will run out of funding by the end of the calendar year. Congress has yet to find a permanent solution for the program, though several lawmakers have introduced legislation and some versions have cleared House and Senate VA Committees.

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2.2 - Modern Healthcare: [House lawmakers: VA Choice reform bill can wait until 2018](#) (6

December, Susannah Luthi, 460k online visitors/mo; Chicago, IL)

Congress may hold off on passing a Veterans' Affairs healthcare overhaul until funding for the current version of the VA Choice Program runs out. Earlier this year, lawmakers feared they were heading toward an early deadline to pass a funding extension when it appeared that program money was dwindling. Now that isn't the case, and House VA committee Chair Phil Roe (R-Tenn.) says the bill and the funding can wait until at least early 2018.

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3. [Modernize Our System](#)

3.1 - Healthcare Informatics: [Legislation to Modernize VA Health System Includes Telehealth Licensing Provision](#) (6 December, Heather Landi, 158k online visitors/mo; New York, NY)

U.S. Senators John McCain (R-Ariz.), chairman of the Senate Armed Services Committee, and Jerry Moran (R-Kan.), chairman of the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, introduced new legislation designed to modernize the Department of Veterans Affairs (VA) healthcare system and includes a provision that would allow physicians to practice telemedicine across state lines.

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3.2 - RevCycle Intelligence: [VA Next Gen Healthcare Supply Chain Program Needs Work, GAO Says - The VA's healthcare supply chain optimization project lacks an overarching strategy, stable staffing, and clinician input, a GAO investigation found.](#) (6 December, Jacqueline Belliveau, 54k online visitors/mo; Danvers, MA)

The Government Accountability Office (GAO) recently found several issues with the VA's implementation of a next generation healthcare supply chain management program. The federal watchdog argued the implementation process failed to follow best practices of leading hospital networks that successfully optimized their supply chains.

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[4. Focus Resources More Efficiently](#)

4.1 - Washington Examiner: [VA, Humane Society partner to help veterans](#) (6 December, Paul Bedard, 4.8M online visitors/mo; Washington, DC)

In the latest victory for the Humane Society of the United States, the Veterans Affairs Department has partnered to help war veterans by pairing them with homeless pets and encouraging them to volunteer at local shelters. "There are many benefits to pet ownership both for Veterans in need of companionship and for animals in need of good homes," said VA Secretary Dr. David J. Shulkin.

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4.2 - MS News Now: [Senator Roger Wickers Asks VA Secretary to review physician appeals system](#) (6 December, Maddie Wade, 611k online visitors/mo; Jackson, MS)

Mississippi Republican Senator Roger Wicker has sent a letter to VA Secretary David Shulkin urging him to review policy and laws regarding the removal of doctors who have been deemed clinically incompetent. The letter names Dr. Mohamed Eleraky at the Jackson VA Medical Center, a neurosurgeon who was fired in August 2016 and suspended from performing surgeries or seeing patients following a botched spinal fusion surgery in 2013.

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4.3 - WIBW (CBS-13): [Topeka VA hosting job fair Thursday to fill positions for new crisis call center](#) (6 December, Natalie Dattilio, 484k online visitors/mo; Topeka, KS)

Topeka will soon be one of only three cities in the U.S. with a crisis call line for veterans, and the VA has 140 jobs to fill. The crisis line handles calls from veterans who are contemplating suicide or harming themselves. Thursday, Dec. 7th, the Dept. of Veterans Affairs is hosting a job fair at

the Topeka VA campus auditorium from 10 a.m. to 6 p.m. to find the more than 100 vacancies created by the expansion of the Veterans Crisis Line (VCL) in Topeka.

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4.4 - Fierce Healthcare: [Special Report—2017's notorious healthcare CEOs include VA head who was fired twice](#) (6 December, Ilene MacDonald, 141k online visitors/mo;

Washington, DC)

They are supposed to inspire confidence and set an example for employees and staff to work at the top of their games. But some healthcare leaders—even those who initially showed promise—fail miserably at this mission, generating bad publicity and tarnishing their reputations, as well as the standing of the organization.

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4.5 - Neshoba Democrat: [Tribe signs MOU with VA for housing loans](#) (6 December, Debbie Burt Myers, 17k ovm; Philadelphia, MS)

A memorandum of understanding, which will make the process of applying for a Veterans Affairs home loan easier for eligible Native American veterans, active-duty military and their spouses on federal trust land, was signed last week by the Mississippi Band of Choctaw Indians and the U.S. Department of Veterans Affairs.

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5. [Improve Timeliness of Service](#)

5.1 - Military Times: [Veterans advocates rally at US Capitol for expanded caregiver benefits](#) (6 December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

When Coast Guard rescue swimmer Dave Riley lost all four limbs to a rare bacteria in 1997, his wife, Yvonne, gave up her career and freedom to become his full-time caregiver. He said he wouldn't be able to survive without her help, even for everyday tasks like eating, putting on his prosthetics and traveling outside the home.

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5.2 - KJZZ (NPR-91.5, Audio): [VA Study Links Veterans' Rare Cancer To Parasite From Raw Fish](#) (6 December, Steve Goldstein, 168k online visitors/mo; Tempe, AZ)

Vietnam veterans have struggled to deal with PTSD and other health challenges in the nearly 50 years since they served overseas. Following the results of a Department of Veterans Affairs study, a link between cases of a rare bile duct cancer and a parasite that gets into the body via raw or undercooked fish may have been found.

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5.3 - KWQC (NBC-6, Video): [Family of man who died after surgeries at the Iowa City VA Hospital want answers](#) (6 December, Jenna Jackson, 163k ovm; Davenport, IA)

Richard Hopkins was a normal man. He worked as a farmhand, wore overalls, and was incredibly smart. He was also a veteran, serving the United States Army from 1971-1973 in Germany as a tank mechanic. Earlier this year, he went to the Iowa City Veterans Affairs Hospital for a MRI. They found a brain tumor. It was benign but surgery was needed. Following

surgery, he spent a month in the ICU. Many complications led to an infection covering his entire brain.

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5.4 - News-Review: [VA spreads Christmas cheer](#) (5 December, 160k online visitors/mo; Roseburg, OR)

Roseburg Veterans Affairs Medical Center employees took the time this holiday season to make Christmas a bit more jolly for children in need. On Tuesday, the VA delivered gifts for 193 children selected by the Department of Human Services. VA spokesman Shanon Goodwin said it's a project VA employees take on every year. They chose gift recipients from a stack of wish lists created by DHS case workers...

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5.5 - North Country Public Radio: [Without an honorable discharge, mental health options are limited](#) (6 December, Carson Frame, 144k online visitors/mo; Canton, NY)

Last month's mass shooting at a Texas church has raised questions of whether the military does enough to help former service members with bad conduct discharges. They're not eligible for veterans' mental health care. When service members separate from the military, their futures depend on something called a characterization of service.

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5.6 - Patient EngagementHIT: [Proposed VA Bill May Expand Patient Care Access, Community Health - Senators have introduced a new bill that would expand veteran patient care access through community health. The VA has also implement programs to support community health.](#) (6 December, Sara Heath, 21k online visitors/mo; Danvers, MA)

Senator John McCain, Chairman of the Senate Armed Services Committee, and Senator Jerry Moran, Chairman of the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, have introduced the Veterans Community Care and Access Act (S. 2148) that will help improve veteran patient access to care.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Hill: [VA slashes program that helps homeless veterans obtain housing: report](#) (6 December, Brandon Carter, 11.8M online visitors/mo; Washington, DC)

The Department of Veterans Affairs is slashing funding for a key program that helps provide housing to homeless veterans, according to a new report. Politico reports the VA told advocates and state officials in a call last week that the \$460 million program would essentially end. VA Secretary David Shulkin reportedly told those on the call that the money for the program would now go to VA hospitals for use as they see fit.

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7.2 - Patriot-News: [Vets now have free shuttle service options to VA Medical Center](#) (6 December, Barbara Miller, 3.1M online visitors/mo; Mechanicsburg, PA)

In Cumberland County, the new bus service is provided on weekdays through Rabbittransit. It transports veterans from the VA outpatient clinic in Camp Hill to the Lebanon VA, and it will move to the new veterans clinic in Mechanicsburg when it opens. Vets also have transportation to the Camp Hill clinic.

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7.3 - Military Times: [VA reverses course, won't alter homeless program funding](#) (6 December, Leo Shane III, 2.1M ovm; Springfield, VA)

Veterans Affairs officials on Wednesday reversed course on plans to dramatically alter how funding for homeless veterans programs is handled, promising “absolutely no change in the funding” until fiscal 2019. In recent weeks, veterans advocates had been upset over plans from department leaders to shift funding previously restricted to homeless housing vouchers...

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7.4 - WBUR (NPR-90.9, American Homefront Project, Audio): [Making VA Health Care More Welcoming To Female Veterans](#) (6 December, Libby Denkmann, 1.1M online visitors/mo; Boston, MA)

Research shows women veterans don't use VA health care at the same rate as men, and many report delayed or unmet health needs. A group of nonprofits is testing a new program in Los Angeles meant to overcome the barriers that keep female veterans from seeking help.

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7.5 - WFTS (ABC-28, Video): [Christmas wreaths needed for Bay Pines National Cemetery](#) (6 December, Jillian Ramos, 842k online visitors/mo; Tampa, FL)

Volunteers and donations are needed for a wreath laying ceremony at Bay Pines National Cemetery. Wreaths Across America needs 34,000 wreaths by the ceremony on December 16th. As of right now, they only have 1,829, just 5% of their goal. Wreaths can be purchased through the organization for \$15 but donations can also be made in any amount.

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7.6 - WIBW (CBS-13, Video): [New homeless veterans report shows overall decrease in KS](#) (6 December, Erika Hall, 484k online visitors/mo; Topeka, KS)

New numbers from the U.S. Department of Housing and Urban Development show homelessness crept up 1.4 percent in Kansas since last year. There's good news, though in the number of veterans who are homeless, it's down nearly 70 percent from 2010. V.A. housekeeping aid Bill Hunter was once a homeless veteran, now he uses elbow grease to keep the halls clean at the center.

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7.7 - Housing Wire (Video): [HUD report reveals severe shortage of affordable housing increases homelessness - About 553,742 people homeless on any given night](#) (6

December, Kelsey Ramirez, 438k online visitors/mo; Irving, TX)
Homelessness increased in the U.S. in 2017, according to the 2017 Annual Homeless Assessment Report to Congress released by the U.S. Department of Housing and Urban

Development. Can the housing shortage be to blame? On any given night, an average of 553,742 people are without a home in the U.S., an increase of 0.7% from last year.

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7.8 - WWSB (ABC-7, Video): [Sarasota National Cemetery reaches goal for holiday wreaths](#)

(6 December, 195k online visitors/mo; Sarasota, FL)

Sarasota National Cemetery has raised enough money to make sure every gravestone has a holiday wreath. The Sarasota Military Academy has been working for weeks to help raise the money and their hard work has paid off. The cemetery reached their goal of raising enough money to purchase 12,000 wreaths for each gravestone.

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7.9 - The M Report: [HUD Secretary Vows to "Ease the Pressure" of Homelessness](#)

(6 December, Nicole Casperson, 20k online visitors/mo; Dallas, TX)

On a single night, 553,742 people experience homelessness in the U.S. According to the latest national estimate by the Department of Housing and Urban Development (HUD) 2017 Annual Homeless Assessment Report to Congress, this number represents an increase of .7 percent since last year.

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7.10 - Lake County News-Sun: ['His one true love': Vietnam veteran's last wish to broadcast on ham radio fulfilled](#)

(6 December, Frank Abderholden, 7k online visitors/mo; Chicago, IL)

For Vietnam veteran John Nugent, who served in the U.S. Army Signal Corps, coming home to Newburgh, N.Y., meant some isolation, according to his son Chris, but his love of ham radio allowed him to reach out to other people throughout the world. "It was tough for him. The radio made him feel comfortable, and helped with his transition," Chris Nugent said.

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8. [Other](#)

8.1 - WBFO (NPR-88.7): [Holland couple sentenced for defrauding disability out of \\$1.2M](#)

(6 December, Marian Hetherly, 1.9k online visitors/day; Buffalo, NY)

A Holland couple who stole more than \$1.2 million in Veterans Affairs and workers compensation benefits have been sentenced by U.S. District Court Judge Richard Arcara. The U.S. Attorney's Office says Richard Klaffka, 59, was sentenced to 32 months in prison, while his wife - Cathleen Klaffka, 62 - was sentenced to three years probation. Both were also ordered to pay restitution: \$922,137 to the VA and \$315,290 to the Department of Labor.

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[1. Top Stories](#)

1.1 - Washington Post (AP): [Shulkin urges emergency aid for VA private health care soon](#)
(6 December, Hope Yen, 43.9M online visitors/mo; Washington, DC)

WASHINGTON — In a fresh warning, Veterans Affairs Secretary David Shulkin said Wednesday there could potentially be delays in providing medical care to tens of thousands of veterans if lawmakers don't act soon to approve billions in emergency funding for the ailing private-sector Choice program.

In a statement, Shulkin said he was heartened by several congressional bills that would provide longer-term fixes to the Department of Veterans Affairs program by giving veterans wider freedom to see private doctors at taxpayers' expense. But pointing to the lack of a clear consensus so far, Shulkin made clear he would be "open" to emergency short-term funding from Congress for now "to ensure our veterans receive uninterrupted care."

"As we have made clear for many months, Congress needs to pass a bill this year," Shulkin said.

His statement comes as lawmakers wrestle over legislation that would overhaul Choice, amid the threat of a government shutdown over the federal budget and disagreements over cost and how much access veterans should have to private doctors.

The Senate Veterans Affairs Committee last week passed a \$54 billion bipartisan plan over five years to revamp Choice, which provides \$4 billion in emergency short-term funding for Choice and other VA programs for 2018 and also expands a popular caregivers program. But the measure faces some resistance from Republican Sens. John McCain of Arizona and Jerry Moran of Kansas, who are co-sponsoring a separate bill intended to give added access to private care "rather than relying on the VA bureaucracy to determine eligibility criteria."

The House Veterans Affairs Committee, led by Rep. Phil Roe, R-Tenn., meanwhile, has yet to reach agreement on how to pay for the \$39 billion cost of its long-term proposal to revamp Choice. Republicans have proposed \$2.1 billion in emergency short-term funding for Choice in a separate bill that would also establish a presidential commission to review VA facilities for possible closure, which is opposed by Democrats.

"At this time, the committee is working with the department to review the Choice account and determine when that account will need additional funding," said Tiffany Haverly, Roe's spokeswoman.

In September, the VA warned that Choice could run out of money sooner than expected in late December or early January, even after Congress approved \$2.1 billion in emergency funding in August that was intended to last until February. Earlier this year, it began limiting referrals to outside doctors in July when money first began to run low and veterans reported delays in care.

The Choice program currently allows veterans to see private doctors if they must wait more than 30 days for an appointment or travel more than 40 miles to a VA facility. President Donald

Trump has pledged to triple the number of veterans “seeing the doctor of their choice,” raising concerns among major veterans’ groups about “privatization” of VA care.

More than 30 percent of VA appointments are currently made in the private sector.

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1.2 - Washington Post: [VA tried to reallocate \\$460 million earmarked for homeless veterans. Now it says that won't happen.](#) (6 December, Emily Wax-Thibodeaux, 43.9M online visitors/mo; Washington, DC)

The Department of Veterans Affairs appears to be backtracking on its divisive plan to reallocate nearly a half-billion dollars from a successful program to reduce homelessness among former military personnel, bowing to pressure from lawmakers and advocacy groups who criticized the effort as cruel and counterproductive.

The about-face, announced in a statement Wednesday night from VA Secretary David Shulkin, followed a Washington Post inquiry about the Trump administration’s effort to divert the funding — totaling \$460 million — instead to local VA hospitals for discretionary use. As Politico first reported, that money had been set aside specifically for a voucher program, run by VA and the Department of Housing and Urban Development, that provides long-term living accommodations for the country’s most vulnerable military veterans, many of whom suffer from mental illness.

“There will be absolutely no change in the funding to support our homeless programs,” Shulkin’s statement said. “... Over the next six months, I will solicit input from our local VA leaders and external stakeholders on how best to target our funding to the geographical areas that need it most. Based on that input we will come forward with proposals for fiscal year 2019 on how to improve the targeting of our homeless program funding.”

The announcement also follows an emotional “emergency” phone call that VA leaders had Dec. 1 with Housing and Urban Development Assistant Secretary Neal Rackleff and 150 veterans advocates. The group complained that shifting resources, as detailed in an internal VA memo distributed this fall, “would drastically undercut what was a real success story,” said Elisha Harig-Blaine, a leader with the nonprofit National League of Cities who was on the call.

“It’s just unconscionable to take this action without consulting HUD or the many mayors who have been working so hard on this,” Harig-Blaine said. “The former troops who used these vouchers are the most likely to die on American streets.”

Shulkin faced additional pressure from the Senate Appropriations subcommittee on military construction, veterans affairs and related agencies. All 14 members signed a strongly worded letter, dated Nov. 7, urging VA to reconsider its decision — a rare demonstration of bipartisan unity. “The shift,” lawmakers warned, “could have tremendous unintended consequences.”

Sen. Patty Murray (D-Wash.), a member of the subcommittee, called the move “mean-spirited and wrong.”

Since 2008, about 138,000 homeless veterans found permanent housing because of this program, known as HUD-VASH, according to government data. And since 2009, veteran

homelessness has been down by about 45 percent, progress that many have attributed to President Barack Obama's pledge to boost funding targeting the problem.

On Wednesday, HUD announced that between 2016 and 2017, the number of homeless veterans rose 2 percent, or by about 600 people, the first increase since 2010. Many live on the West Coast, where rents have soared faster than incomes, HUD officials said.

Curt Cashour, a VA spokesman, said earlier Wednesday that allowing local hospitals to use these funds as they wished was "about strengthening the ability of local VA leaders, who know their neighborhoods and Veterans best, to serve Veterans locally."

"While some may think Washington bureaucrats are more qualified to make decisions about local VA issues than local VA leaders," he added, "we wholeheartedly disagree."

The funding uncertainty has created problems for veterans advocates like Leon Winston, chief operating officer for Swords To Plowshares, a nonprofit in Northern California. He had been seeking funds for 100 HUD-VASH vouchers but was able to secure only 50.

"The human impact is that 50 fewer vets in San Francisco will be able to get vouchers through HUD-VASH and, well, it sucks," Winston said. "There was a big effort to end homelessness, and this indicates we as a nation are taking our foot off the gas pedal."

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1.3 - Politico: [VA cuts program for homeless vets after touting Trump's commitment](#) (6 December, Arthur Allen and Lorraine Woellert, 23.9M online visitors/mo; Washington, DC)

Four days after Veterans Affairs Secretary David Shulkin held a big Washington event to tout the Trump administration's promise to house all homeless vets, the agency did an about-face, telling advocates it was pulling resources from a major housing program.

The VA said it was essentially ending a special \$460 million program that has dramatically reduced homelessness among chronically sick and vulnerable veterans. Instead, the money would go to local VA hospitals that can use it as they like, as long as they show evidence of dealing with homelessness.

Anger exploded on a Dec. 1 call that was arranged by Shulkin's Advisory Committee on Homeless Veterans to explain the move. Advocates for veterans, state officials and even officials from HUD, which co-sponsors the program, attacked the decision, according to five people who were on the call.

"I don't understand why you are pulling the rug out," Elisha Harig-Blaine, a National League of Cities housing official who was on the call, said in an interview afterward. "You're putting at risk the lives of men and women who've served this country."

"The VA is taking its foot off the pedal," said Leon Winston, an executive at Swords to Plowshares, which helps homeless vets in San Francisco, where he said the VA decision is already having an impact. HUD recently put up 100 housing vouchers for veterans in the program, but the local VA hospital said it could only provide support for 50.

The agency's move came as HUD on Wednesday released its annual survey showing a 1.5 percent increase in veteran homelessness over 2016 — the first rise since 2010. Most of the jump occurred in Los Angeles, where housing costs are skyrocketing.

Sen. Patty Murray (D-Wash.), who sits on a veterans' affairs subcommittee, called the VA decision "a new low" for the Trump administration that was "especially callous and perplexing" in view of the latest data on homelessness.

In a statement late Wednesday, Shulkin insisted that overall funding for veteran homelessness was not being cut, and seemed to suggest he might reverse the decision. He promised to get input from local VA leaders and others "on how best to target our funding to the geographical areas that need it most."

HUD data show there were nearly 40,000 homeless veterans in 2016, and even those with housing still need assistance. The program has reduced the number of displaced servicemembers, serving 138,000 since 2010 and cut the number without housing on a given day by almost half. More than half the veterans housed are chronically ill, mentally ill or have substance abuse problems.

They can easily lose their housing again and need VA case managers to mediate with landlords, pay bills, and help them access the agency's services and jobs, said Matt Leslie, who runs the housing program for the Virginia Department of Veterans Services.

"The people in this program are the most vulnerable individuals," Leslie said. "If someone's going to die on the streets, they are the ones."

VA officials briefed congressional staff on Tuesday about the decision — which was buried in a September circular without prior consultation with HUD or veterans' groups, according to advocates.

Agency spokesman Curtis Cashour said the move gives VA medical centers more flexibility. "VA has a responsibility to ensure resources go where they best align with veterans' needs," he said. "This move gives control and management of resources to local VA facilities, [which] know their communities and the veterans they serve better than anyone else."

The decision affects \$265 million immediately and would divert \$195 million more under the VA's 2018 budget. Under the program, HUD offers housing vouchers for veterans, and the VA provides case management — finding them apartments and making sure they stay there. Officials said it was possible that some of the vouchers could still be assigned, with the help of city or federal housing officials.

Carolyn Clancy, acting undersecretary for health, said the VA was moving forward to distribute money from the program to medical centers.

The Dec. 1 call came four days after Shulkin, appearing at a Washington shelter with HUD Secretary Ben Carson, announced that President Donald Trump was committed to continued reductions in veterans' homelessness and was increasing funding in the area.

Shulkin and Carson promised to help every veteran find a home.

When asked about the administration's budget, which includes no additional vouchers for the hard-case veterans, Carson said HUD had "excess vouchers. When we use those, we'll look for more," he said.

"The old paradigm of dumping money on problems doesn't work," Carson added.

Some communities have excess vouchers, but many more don't have enough, said Harig-Blaine, who is also a member of Shulkin's advisory committee. Even in cities where there are excess vouchers, they exist only because the voucher community can't compete with private market rents, he said — not because there aren't homeless veterans there.

All 14 members of the Senate Appropriations Military Construction-VA Subcommittee, including Murray, asked the VA to reconsider its decision, but apparently the letter had no effect.

"It will take a congressional fix at this point," Harig-Blaine said.

Advocates said cuts to the program were doubly foolish because the chronically homeless veterans it serves typically cost cities and the health care system hundreds of thousands of dollars for emergency room visits, ambulance runs and jailings that could be avoided if the veterans were reasonably sheltered.

"These are the kinds of veterans it deals with," said Kathryn Monet, CEO of the National Coalition for Homeless Veterans.

Renuka Rayasam contributed to this report.

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1.4 - Daily Caller: [Veterans ID Card System Run By Hillary Donor Is Still Down](#) (6 December, Jonah Bennet, 12M online visitors/mo; Washington, DC)

The new veterans' ID card system, run by the former deputy secretary of veterans affairs, has experienced a litany of technical difficulties and is still offline.

The Department of Veterans Affairs announced in October that it would begin issuing Veteran Identification Cards in November, so that veterans could prove they had served in the military without lugging along a cumbersome DD-214 form. Once the application goes through, honorably discharged veterans are supposed to receive the ID card within 60 days.

However, the roll-out of the system, led by Scott Blackburn, the executive in charge for information and technology, has been fraught with issues. The application form opened on Nov. 29 and promptly crashed. It now features a message stating that the VA is working to fix the problem.

At this point, the VA has temporarily suspended all applications.

"We are aware some Veterans have experienced issues with the application process, but leaders of VA's Office of Information and Technology are actively engaged in fixing them," VA Press Secretary Curt Cashour told The Daily Caller News Foundation.

“Still, many Veterans have successfully registered for the card since the program was announced, and we are excited finally to begin providing this resource to Veterans, fulfilling a promise that was made to them more than two years ago under the previous Administration,” Cashour added.

TheDCNF reported in May that Blackburn had donated \$500 to Hillary Clinton’s 2016 presidential campaign. Blackburn made the donation four months after Clinton stated that problems at the VA were not “as widespread as it has been made out to be” and blamed Republicans for politicizing the issue. Clinton’s campaign quickly backtracked on the claim after withering criticism. Before he was the executive in charge for information and technology, Blackburn served as the interim deputy secretary. He first joined the VA in 2014.

Congress passed legislation in 2015, mandating that the VA produce these ID cards, so that veterans could easily prove to businesses and others that they had in fact served in the military.

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1.5 - Military Times: [House finalizes bill allowing more VA medical center investigations](#) (6 December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — House lawmakers easily finalized legislation Wednesday to let Veterans Affairs officials more easily identify and react to problems with their own health care facilities, as part of a broader effort to encourage accountability among department workers.

The legislation, dubbed the Enhancing Veteran Care Act, was passed by the Senate last month and by a 423-0 vote on Wednesday. It now heads to the White House to be signed into law.

It allows VA regional directors to contract with accredited nonprofits to investigate their medical centers, uncovering inefficiencies and mistakes that require correction. Supporters framed the measure as a chance for VA officials to more quickly react to problems in their own operations, instead of waiting for lengthy investigations by the department’s inspector general.

Bill sponsor Jim Inhofe, R-Okla., said last month after the Senate’s passage of the measure that the move will allow VA facilities to be “held to the highest standards” of federal and private sector expectations.

“Medical center directors should have the permanent authority to request outside oversight to get help improving their facilities,” he said.

Under the bill, findings from any outside audits must be coordinated with the department’s inspector general and Government Accountability Office leaders, to ensure transparency.

In recent years, both Republicans and Democrats in Congress have criticized the slow pace of reforms at VA, and supported a series of accountability measures aimed at making it easier to dismiss employees for criminal actions and incompetence.

The new measure gives regional officials the chance to try and stave off similar criticism in the future, by proactively looking for problems before they turn into larger scandals. House Veterans’ Affairs Committee Chairman Phil Roe, R-Tenn., called it an important tool in improving the department.

“We are familiar with the challenges and scandals that have plagued the VA system since 2014,” Roe said Tuesday, in advance of the House vote. “(This legislation) would provide the VA an additional avenue to identify and resolve problems in the care our veterans receive.”

President Donald Trump is expected to sign the measure into law. If he does, it will be the seventh significant veterans-themed policy change so far this year, making it one of the few areas of bipartisan progress in a politically divided Congress.

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1.6 - Military Times: [Number of homeless vets rises for first time in seven years](#) (6 December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

The number of homeless veterans across America increased in 2017 for the first time in seven years, when government officials began their nationwide push to help impoverished former service members.

The increase reflects estimates from last January, before President Donald Trump took office and any of his new housing policies were put in place. The annual point-in-time count from Housing and Urban Development officials found roughly 40,000 homeless veterans at that time, an increase of nearly 600 individuals from the same mark in 2016.

It's the first setback for efforts to help homeless veterans since 2010, when then-President Barack Obama made a public pledge to “end veterans’ homelessness.”

The effort was paired with big boosts in funding for community intervention programs at both VA and HUD and saw some immediate results. The estimated number of homeless veterans dropped from more than 74,000 individuals in 2010 to fewer than 40,000 in 2016.

But in June, VA Secretary David Shulkin said he no longer saw the previous goal of zero homeless veterans as a realistic target for his department.

“I think what we learned in this situation is that being able to reach zero is not necessarily the right number,” Shulkin told Military Times. “There is going to be a functional zero, essentially somewhere around 12,000 to 15,000 that despite being offered options for housing and getting them off the street, there are a number of reasons why people may not choose to do that.”

The slight increase in veterans’ homelessness matches national trends. HUD officials said that for the first time since 2010, the overall homeless population increased in America, up about 1 percent from 2016 levels to nearly 554,000 homeless people.

And, similar to the national numbers, most of the increases in the veterans homeless population came from the West Coast. California and Oregon combined saw a rise of nearly 2,500 new homeless veterans.

Meanwhile, the southeast of the country — Alabama, South Carolina, Georgia and Florida — saw a decrease of almost 800 homeless veterans.

Of the 40,000 homeless veterans, almost 25,000 of them are living in temporary facilities. But that leaves more than 15,000 without any reliable shelter.

The impact of Trump administration policies on those numbers won't be seen until late next year, when details of the January 2018 HUD point-in-time count are released.

But in recent months, homeless advocates have expressed concerns with VA plans to convert funds dedicated to outreach and assistance efforts to general purpose money, with broader authority for regional directors over how to use it.

In a letter to Shulkin in October, officials from the National Coalition of Homeless Veterans said they objected to "any conversion of special purpose homeless program funding for any purpose," calling it potentially "catastrophic" to progress made in recent years by siphoning money away from homeless priorities.

But VA spokesman Curt Cashour said the goal of that move is designed to give local officials more flexibility.

"VA intends to realign funding from a number of programs, including our permanent supportive housing program (grants)," he said. "These programs are currently managed at VA central office in Washington, D.C., and this move gives control and management of resources to local VA facilities."

"We have heard from many of our facility directors that they know their communities and the veterans they serve better than anyone else, and we agree."

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1.7 - Stars and Stripes: [Veterans advocates see progress in fight for caregiver benefits](#) (6 December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

Some veterans organizations on Wednesday urged lawmakers to pass legislative reforms for the Department of Veterans Affairs that include a mandate to expand caregiver benefits to veterans injured before 9/11 – a group that isn't eligible now.

Disabled American Veterans, the American Legion, Veterans of Foreign Wars and Paralyzed Veterans of America went to the Capitol and presented lawmakers with a printed petition, which stood several feet high and contained more than 182,000 signatures from people supportive of the expansion.

"We now maybe see a finish line, but it has to get done," said Carl Blake, interim director of Paralyzed Veterans of America. "It's not acceptable to wrangle over this any longer. Get it done. That's our call to the Senate and the House."

Benefits such as monthly stipends, health insurance and medical training to family caregivers and access to home health aides is now available only to post-9/11 veterans through a caregiver program implemented in 2010.

An expansion of the benefits to all veterans is tucked inside a larger, \$54 billion Senate bill to overhaul the VA Choice program, which regulates when veterans can go into the private sector for medical treatment.

Under the bill – titled the Caring for our Veterans Act of 2017 – caregiver benefits would become immediately available to veterans injured before May 7, 1975. Two years after the bill is enacted, veterans injured between 1975 and 2001 would be eligible.

Carl Blake, interim director of Paralyzed Veterans of America, attends a briefing at the Capitol in Washington, D.C., on Wednesday, Dec. 6, 2017, as veterans groups and lawmakers urged Congress to pass legislation that would expand benefits to veterans' caregivers. "It's not acceptable to wrangle over this any longer. Get it done. That's our call to the Senate and the House," said Blake.

The Congressional Budget Office estimated the expansion would cost \$3.4 billion for five years.

The Senate Veterans' Affairs Committee advanced the bill to the Senate floor last week.

Lawmakers present Wednesday celebrated the inclusion of the expansion into the larger bill but acknowledged the debate wasn't over. It's uncertain when Senate leaders might schedule a vote on the bill. And while the expansion is part of one Senate bill, it's not included in two other bills under consideration to reform the Choice program.

"We have hundreds of thousands of veterans and caregivers weighing in. We cannot rest easy until our efforts to expand support for caregivers comes to fruition," said Sen. Jon Tester, D-Mont., the ranking Democrat on the Senate Veterans' Affairs Committee. "Republicans, Democrats and Independents must continue to work together to get this legislation signed into law."

VA Secretary David Shulkin asked lawmakers Wednesday to reach a consensus on Choice reform in the remaining seven days before Congress recesses Dec. 15.

"While a limited number of legislative days remain on the calendar, we are hopeful that both the Senate and House can reach agreement on a bill before the end of the session," Shulkin said in a written statement. "As we have made clear for many months, Congress needs to pass a bill this year to help our veterans get the care they need."

Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans' Affairs, said cost would be a sticking point in House negotiations and indicated the debate in that chamber might not occur until 2018.

"We need to make the case of why we need to pay for this," he said. "I think we all know we need to get through the end of the year and then come back and figure out where that's going to come from."

Walz went on to say that he took the message from veterans organizations Wednesday as a "mission order."

"It does have to be done," he said. "There's a gratefulness that in 2010 we got support for post-9/11 veterans, but I get calls every day of, 'Why not us?'"

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2. Greater Choice for Veterans

2.1 - WFED (AM-1500): [The other year-end deadline lawmakers haven't solved](#) (6 December, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

Lawmakers are up against another year-end deadline that's flying a bit under the radar.

It's not the congressional push to find a compromise on government spending before the current continuing resolution expires Dec. 8. It's not Republicans' desire to pass a comprehensive tax bill by the end of 2017.

Instead, it's the ticking time bomb that is the Veterans Choice Program, which the Veterans Affairs Department has said will run out of funding by the end of the calendar year. Congress has yet to find a permanent solution for the program, though several lawmakers have introduced legislation and some versions have cleared House and Senate VA Committees.

With the deadline nearing, VA issued another warning Wednesday and urged Congress to find a solution — any solution — soon.

"While a limited number of legislative days remain on the calendar, we are hopeful that both the Senate and House can reach agreement on a bill before the end of the session," VA Secretary David Shulkin said in a statement Wednesday. "To ensure our veterans receive uninterrupted care, we are open to a short term, very limited extension of funding for the existing program to allow sufficient time for a final agreement to come together."

Here's a roundup of several Veterans Choice bills and where they stand. Many of the options contain several of the VA's own proposals, which Shulkin detailed in October in introducing the Veterans Coordinated Access and Rewarding Experiences (CARE) Act.

Caring for Our Veterans Act

The Senate VA Committee passed the Caring for Our Veterans Act last week with a 14-1 vote.

Both committee Chairman Johnny Isakson (R-Ga.) and Ranking Member Jon Tester (D-Mont.) introduced the legislation. It eliminates the 30-day, 40-mile requirements veterans must currently meet to be eligible for community care.

The bill designates \$1 billion to VA for departmental care and \$3 billion for community care programs. Specifically, it authorizes the department to coordinate care plans for veterans. The bill authorizes community care if VA doesn't offer the service or type of care the veteran needs, or if the veterans and his or her VA provider decide together that community care is the best option.

Most notably, the bill expands benefits to veterans caregivers of all eras, a move that many veterans service organizations and some lawmakers have been strongly advocating.

“Get this done,” Carl Blake, associate executive director for Paralyzed Veterans of America, said during a press conference on the legislation Wednesday afternoon. “It’s not acceptable to continue to wrangle over this about the difficulties of why we can’t get this done.”

The legislation also guides VA on setting quality standards for the department’s facilities, and it includes other requirements for VA to more promptly pay its providers.

But funding for the legislation remains the big unanswered question. The Congressional Budget Office gave an initial score of roughly \$54 billion over five years.

“It’s no secret that this is one of the struggles we have with things,” Rep. Tim Walz (D-Minn.), House VA Committee ranking member, said Wednesday. “This is the case of going out and making sure the public knows they want this done. We need to make the case of why we need to be able to pay for this, and we need to figure out how to do that. I don’t take light of that, but we’ve tackled some of these tough things. ... I’m not going to make it partisan, but we’re talking about a tax cut and we’re telling us we can’t pay for the caregivers who [take care] of someone?”

Veterans Community Care and Access Act

Sen. Jerry Moran (R-Kan.), the lone member of the Senate VA Committee who voted against the Caring for Our Veterans Act, and Senate Armed Services Committee Chairman John McCain (R-Ariz.) recently threw another legislative option into the ring.

Both senators have introduced the Veterans Community Care and Access Act, which gives veterans more leeway to decide where they would like to receive care.

The legislation consolidates all community care programs into one, and it requires VA to develop specific eligibility requirements where veterans could access primary, specialty, urgent, behavioral health and other types of care.

VA Care in the Community Act

Meanwhile in the House, Veterans Affairs Committee Chairman Phil Roe (R-Tenn.) and Walz, along with every other member of the committee, co-sponsored the VA Care in the Community Act back in November.

The House bill closely resembles VA’s own proposal and in some cases, a few Senate options. It would also consolidate all VA’s community care programs into one, with the department taking the lead to integrate and coordinate veterans’ care experiences.

In addition, the House legislation would forbid the use of separate VA community care cards.

VA Asset and Infrastructure Review Act

In addition, Roe included an additional \$2.1 billion to fund the Veterans Choice Program through fiscal 2018 in a bill originally designed to spark a comprehensive asset realignment process.

The Veterans Affairs Asset and Infrastructure Review (AIR) Act passed the House committee and was scheduled for a House Rules Committee hearing last month, but the bill hit a snag.

Though Democrats on the House Veterans Affairs Committee criticized the push to move forward on asset review before finding a compromise on the future of the VA Choice Program, their dissent isn't the reason for the holdup.

Instead, a little-known law Congress passed last year is giving veterans groups and lawmakers their latest headache.

The House already passed the Federal Assets Sale and Transfer Act last year, which establishes a governmentwide Public Buildings Reform board to review agencies' vacant, underused or outdated facilities.

Under the asset sale act, the board is supposed to make recommendations to the Office of Management and Budget, which will eventually develop a governmentwide plan to dispose, sell or transfer unneeded federal property.

But the VA "AIR" bill conflicts with the premise of the Federal Assets Sale and Transfer Act, which already authorized a governmentwide review of federal property.

The VA committee is working with the House Transportation and Infrastructure Committee, which originally sponsored the Federal Assets Sale and Transfer Act last year. Roe specifically is working with members to find a solution and a path forward for the VA bill, a committee spokeswoman said.

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2.2 - Modern Healthcare: [House lawmakers: VA Choice reform bill can wait until 2018](#) (6 December, Susannah Luthi, 460k online visitors/mo; Chicago, IL)

Congress may hold off on passing a Veterans' Affairs healthcare overhaul until funding for the current version of the VA Choice Program runs out.

Earlier this year, lawmakers feared they were heading toward an early deadline to pass a funding extension when it appeared that program money was dwindling. Now that isn't the case, and House VA committee Chair Phil Roe (R-Tenn.) says the bill and the funding can wait until at least early 2018.

While he concedes that the VA needs "certainty and finality" of new legislation paired with appropriate funding, Roe says he wants to wait for the spending caps to lift before he tries to move the bill so he knows how much money he has to work with.

Roe and his committee passed one version of the Choice overhaul, with a price tag estimated at about \$39 billion over five years by the Congressional Budget Office; the Senate Committee on Veterans' Affairs passed another, which would cost about \$54 billion over five years per CBO. The two bills, which a Senate committee aide calls "two entirely different policies" would have to be reconciled between the two chambers before a vote could happen.

The House bill would merge all the community provider programs into one and expand veterans' access; both the House and Senate bill would make sure private providers get promptly reimbursed.

A senior GOP Senate aide said the legislation is on leadership's to-do list for the end of the year, but didn't have guidance on whether it would get slated for a floor vote among the myriad other must-pass bills that include a debt ceiling raise.

Roe is focused on the cost of the legislation. He says he thinks the CBO estimate of the House version — which is much lower than the Senate version — is too high based on the program's actual monthly spending. He also has a vision for transforming the private sector's role in the program into something resembling Medicare Advantage.

His health subcommittee chair, Rep. Brad Westrup (R-Ohio), said that while he isn't advocating to privatize the VA's healthcare, he wants long-term reforms to push more private care where it's easier to track actual costs and savings.

The House and Senate bills do agree on the funding mechanism. Both would change the program's appropriation from a mix of mandatory and discretionary to purely a discretionary appropriation. This could spell trouble down the road for continuity of care if it gets caught in congressional budget battles — something lawmakers say won't happen because of the commitment to veterans — because Congress would have to agree to a spending deal every few years.

Both bills also address payment issues for the private providers who contract with the program.

Since Choice was enacted, community providers including hospitals have received late and deeply reduced payments as reimbursements were managed by third-party intermediaries, according to an American Hospital Association representative. Both versions of legislation put the payment responsibility directly in the hands of the VA secretary with a strict reimbursement schedule.

The third-party contractors often undercut provider reimbursements, the AHA representative said, since they get the difference between the final reimbursement and rate paid out by the VA.

More and more vets are opting for the VA Choice program: As this is likely to continue with expanded access, the reimbursement issue becomes more key, the official said.

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3. Modernize Our System

3.1 - Healthcare Informatics: [Legislation to Modernize VA Health System Includes Telehealth Licensing Provision](#) (6 December, Heather Landi, 158k online visitors/mo; New York, NY)

U.S. Senators John McCain (R-Ariz.), chairman of the Senate Armed Services Committee, and Jerry Moran (R-Kan.), chairman of the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, introduced new legislation designed to modernize the Department of Veterans Affairs (VA) healthcare system and includes a provision that would allow physicians to practice telemedicine across state lines.

The Veterans Community Care and Access Act of 2017 (S. 2184) would better integrate VA services and existing VA community care programs, such as the Veterans Choice Program, into an efficient and high-performing healthcare system, the Senators wrote in a press release.

This legislation would ensure that veterans are the primary decision-makers concerning when and where they receive care. In addition, the bill would require the VA to use objective data on healthcare demand to set standards for access and quality, and to identify and bridge gaps in veterans' care – whether in VA or community facilities. Importantly, the bill would ensure the VA promptly pays community providers, offers access to walk-in clinics, offers telemedicine, increases graduate medical education and residency positions for employees, and improves its collaboration with community providers and other federal agencies.

Specifically, a section of the bill would expand authority for VA health care professionals to practice in any state, including by telemedicine, notwithstanding the location of the health care provider or the patient. This section would specifically invoke Federal supremacy to prevail over any general or specific provisions of law, rule, or regulation of a state that are inconsistent with the federal legislation. It would also prohibit any state from denying or revoking the license, registration, or certification of a VA health care professional who otherwise meets the requirements of the state for such license, registration, or certification, on the basis of practicing under this authority.

Covered health care professionals would include VA employees who are authorized to furnish health care. Additionally, under the legislation, the VA would be required to submit a report to Congress within one year of enactment on VA's telemedicine program, including provider and patient satisfaction, the effect of telemedicine on wait-times and utilization, and other measures.

A standalone bill and bipartisan legislation, the Veterans E-Health and Telemedicine Support Act of 2017 (VETS Act), also aims to expand telehealth services provided by the VA and that bill passed the House last month.

"In the wake of the scandal in care at VA hospitals in Phoenix and around the country, we vowed to guarantee our veterans timely access to quality treatment," Sen. McCain said in a statement. "The Veterans Choice Program was the first step in delivering on that promise, but much more needs to be done to provide all veterans a choice in when and where they receive care. Our bill would strengthen and improve the core elements of Choice by consolidating and streamlining the VA's community care program. Moreover, the bill would deliver long overdue, critical reforms to the VA, including commonsense reporting standards that ensure cost-efficient care to our nation's veterans. It's time we transform the VA into a 21st century health care system, one that respects the dignity of our men and women in uniform and provides all veterans the quality health care they deserve."

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3.2 - RevCycle Intelligence: [VA Next Gen Healthcare Supply Chain Program Needs Work, GAO Says - The VA's healthcare supply chain optimization project lacks an overarching strategy, stable staffing, and clinician input, a GAO investigation found.](#) (6 December, Jacqueline Belliveau, 54k online visitors/mo; Danvers, MA)

The Government Accountability Office (GAO) recently found several issues with the VA's implementation of a next generation healthcare supply chain management program. The federal

watchdog argued the implementation process failed to follow best practices of leading hospital networks that successfully optimized their supply chains.

The VA and its healthcare arm, the Veterans Health Administration (VHA), established the Medical Surgical Prime Vendor-Next Generation (MSPV-NG) program to reduce healthcare supply chain costs by \$150 million in 2016. Officials intended to realize cost avoidance by leveraging the VA's buying power to achieve supply chain discounts of up to 30 percent and standardizing supplies throughout the VHA.

During the transition period, the VHA was to develop a formulary of healthcare supplies from which medical centers would purchase supplies.

However, the VHA failed to achieve its cost avoidance goals because the MSPV-NG program launch did not have an overarching strategy, stable leadership and staffing, and clinician involvement to generate medical center buy-in and develop an adequate formulary, the GAO contended.

The federal watchdog's investigation uncovered that no document existed at the start of the next generation supply chain management program that detailed an implementation strategy. Officials only provided GAO investigators with an October 2015 plan that had not been approved by VHA or VA leadership.

Healthcare supply chain optimization best practices state that organizations should have well-documented plans and governance structures for initiatives and these plans should be clearly communicated to all organizations involved.

Leadership instability and an insufficient workforce also challenged the VHA with MSPV-NG program implementation, the report stated. As of January 2017, the MSPV-NG program office primarily tasked with implementing the healthcare supply chain management program only had 24 out of 40 positions filled. And office officials noted that the lack of staff impacted their ability to successfully implement the program within the given timeframes.

Notably, leadership positions were not permanently filled during the implementation process. Both the VHA's Chief Procurement and Logistics Officer and the Deputy Chief Logistics Officer were in an acting capacity. The program office also went through four directors, two of whom were acting and two of whom were serving as director while taking responsibility for other duties.

Furthermore, the VA's Chief Acquisition Officer, who oversees VA acquisition programs like the MSPV-NG, is currently in an acting capacity. The administration is required to appoint a "non-career employee" to fill the role, but instead has used an acting position since 2009 because of regulatory restraints.

Staffing shortages at VA medical centers also contributed to cost saving and implementation challenges. For example, the Chief Supply Chain Officer position was vacant at one of the VHA's Veterans Integrated Service Network (VISN) for about four years.

An interviewee from the medical center explained that the office "suffered in the absence of a leader, leaving it poorly-equipped to execute the transition to MSPV-NG."

Additionally, the GAO reported that the VA failed to follow healthcare supply chain optimization best practices by neglecting to gather clinician feedback. The office developed the supply formulary using historical purchasing orders to identify supplies to be put on the list and requirements for purchasing.

Officials believe that the historical data provided a “good representation of medical centers’ needs.” However, the approach is dramatically different from those used by leading hospital networks, which rely on clinicians to help select and standardize supplies.

Leading hospital networks also use clinician feedback to focus on individual supply categories for standardization, rather than attempting to address all categories at the same time. The VA neglected to use this method.

In the face of implementation challenges, healthcare supply chain formulary development encountered difficulties, the GAO found.

The lack of comprehensive strategy and tight timeline for cost savings in 2016 resulted in the VA failing to finalize competitively awarded contracts to supply vendors. By April 2016, the administration had only awarded contracts for just 3 percent of the items on the formulary.

Consequently, the VA could not save up to 30 percent on supply prices without competitive contracts. The purchasing agreements used in the absence of competitive contracts only discounted supplies by 5 percent or less on a sample of the 376 items covered by the agreements despite the VA’s large buying power.

Without clinician input, medical center buy-in for the new healthcare supply chain management program was lacking. The medical centers reported that staff were unable to find matches or substitutes for a significant number of supplies they frequently use.

While the VA aimed for medical centers to order 40 percent of their supplies from the MSPV-NG formulary, the nationwide average utilization rate was just 24 percent by May 2017.

Instead, medical centers purchased their preferred or needed items through purchase cards or new contracts awarded by their local contracting office. Medical centers also relied on emergency procurements to fulfill their healthcare supply chain needs in 2016 despite the orders not completely meeting emergency requirements.

The GAO acknowledged that the VA is working to improve the implementation plan during the second phase by acquiring clinician feedback. However, the federal watchdog pointed out that unrealistic contracting timeframes and the lack of comprehensive strategy continue to plague the healthcare supply chain optimization project.

To improve the MSPV-NG program implementation process, the GAO made the following recommendations to the VA:

- Establish, document, and distribute an overarching strategy for the supply chain management program, including how the program office will prioritize supply categories for future standardization and contracting
- Prioritize the hiring of a permanent MSPV-NG Director

- Assign the role of Chief Acquisition Officer to a non-career employee
- Create guidance to medical centers on matching supply items on the formulary
- Share with medical centers the requirements and processes for adding or removing items from the formulary
- Determine cost avoidance realized under the MSPV-NG program on a regular basis
- Develop a plan for mitigating potential risks for contract coverage gaps while the administration works to finalize competitive awards
- Use feedback from national clinical program offices to prioritize MSPV-NG requirements development and standardization efforts and focus supply categories for standardization and cost avoidance
- Direct VISN Network Contracting Offices to partner with medical centers to identify opportunities to strategically purchase supplies frequently acquired through the emergency procurement process
- Analyze data on supplies that are frequently purchased on an emergency basis and determine if such items should be added to the MSPV-NG formulary

The VA agreed with all of the GAO's recommendations. Although, the administration noted that congressional action is needed to assign the role of Chief Acquisition Officer to a non-career employee.

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4. Focus Resources More Efficiently

4.1 - Washington Examiner: [VA, Humane Society partner to help veterans](#) (6 December, Paul Bedard, 4.8M online visitors/mo; Washington, DC)

In the latest victory for the Humane Society of the United States, the Veterans Affairs Department has partnered to help war veterans by pairing them with homeless pets and encouraging them to volunteer at local shelters.

"There are many benefits to pet ownership both for Veterans in need of companionship and for animals in need of good homes," said VA Secretary Dr. David J. Shulkin.

"The greatest benefit for both can be a more fulfilled quality of life. We are pleased to work with the Humane Society on this important initiative and excited about its potential to create more opportunities to serve," he added.

The Humane Society has been working with Lara Trump, the president's daughter-in-law, and White House counselor Kellyanne Conway to build a partnership with VA and the new announcement showed how fast a deal can occur when there are few stumbling blocks.

“The partnership between animal welfare groups and VA is an important program for our Veterans and for homeless animals,” said HSUS President Wayne Pacelle said. “We know the power of the human-animal bond, and I can’t think of a better way to see it expressed than in helping our nation’s heroes,” he added.

The group is also working with the Interior Department on animal issues and was influential in President Trump’s reversal of a plan to let big game hunters bring their trophies back home from countries like Africa.

The VA-HSUS deal is to “encourage Veterans to consider pet ownership and volunteer opportunities with community organizations, including local animal shelters and humane societies in an effort to pair Veterans with rescued animals,” according to a release.

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4.2 - MS News Now: [Senator Roger Wickers Asks VA Secretary to review physician appeals system](#) (6 December, Maddie Wade, 611k online visitors/mo; Jackson, MS)

Mississippi Republican Senator Roger Wicker has sent a letter to VA Secretary David Shulkin urging him to review policy and laws regarding the removal of doctors who have been deemed clinically incompetent.

The letter names Dr. Mohamed Eleraky at the Jackson VA Medical Center, a neurosurgeon who was fired in August 2016 and suspended from performing surgeries or seeing patients following a botched spinal fusion surgery in 2013.

The VA has paid the doctor more than \$1 million over the last three and half years although he has not performed any surgeries.

Senator Wicker, a senior member of the Senate Armed Services Committee, sent the letter in response to recent revelations regarding the firing and subsequent reinstatement in April 2017 of Dr. Eleraky at the VA Medical Center in Jackson.

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4.3 - WIBW (CBS-13): [Topeka VA hosting job fair Thursday to fill positions for new crisis call center](#) (6 December, Natalie Dattilio, 484k online visitors/mo; Topeka, KS)

Topeka will soon be one of only three cities in the U.S. with a crisis call line for veterans, and the VA has 140 jobs to fill.

The crisis line handles calls from veterans who are contemplating suicide or harming themselves.

Thursday, Dec. 7th, the Dept. of Veterans Affairs is hosting a job fair at the Topeka VA campus auditorium from 10 a.m. to 6 p.m. to find the more than 100 vacancies created by the expansion of the Veterans Crisis Line (VCL) in Topeka.

If you are not able to make the job fair, you can apply online by clicking [here](#).

The Dept. of Veterans Affairs says they are looking for applicants who have crisis line experience or a master's degree in a Health Science, such as mental health, social work, psychology, etc.

The VA says major duties and responsibilities include, but are not limited to,

- Implements suicide/mental health crisis prevention strategies;
- Provides support for the identification of Veterans at high risk, and coordinates enhanced care;
- Conducts interviews and uses assessment tools to assess emotional, functional, and/or psychological conditions;
- Completes structured diagnostic and clinical assessments;
- Prepares and maintains records and reports in accordance with program guidelines;
- Creates and maintains forms, surveys, instruments, and materials for proper coordination of the different treatment modules;
- Provides psycho-education and directs advice regarding suicide/mental illness crisis;
- Works collaboratively with other members of the VA Crisis Hotline program to identify appropriate services for patients in crisis;
- Assists patients and their family/friend/significant other with issues regarding the patient's mental health issues, referrals, benefits, support groups; and
- Performs other duties as assigned.

The VA says the work schedule is varied, to include evenings, nights, weekends and holidays. Pay starts at GS-9, \$49,994, to include a comprehensive benefit package for health insurance, life insurance, vision, dental, Thrift Savings Plan, FERS basic and long term care.

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4.4 - Fierce Healthcare: [Special Report—2017's notorious healthcare CEOs include VA head who was fired twice](#) (6 December, Ilene MacDonald, 141k online visitors/mo; Washington, DC)

They are supposed to inspire confidence and set an example for employees and staff to work at the top of their games.

But some healthcare leaders—even those who initially showed promise—fail miserably at this mission, generating bad publicity and tarnishing their reputations, as well as the standing of the organization.

Take for instance Brian Hawkins, who only added to the ongoing woes at the Department of Veterans Affairs. He was fired not once but twice as medical director from the VA Medical Center in the District of Columbia this year.

Or Daniel Neides, M.D., the medical director and chief operating officer of the Cleveland Clinic Wellness Institute, who created a firestorm when he published a column laced with antivaccine rhetoric.

And then there is Trevor Fetter, one of the most well-known healthcare leaders in the country, who stepped down from his longtime role as CEO of Tenet Healthcare after the system lost more than \$1 billion last year.

These executives land on our annual “notorious” list not necessarily for criminal behavior, but because they made headlines for less-than-positive reasons.

In this special report, you’ll read about the misdeeds and misadventures of these three healthcare leaders, and seven other executives, who have earned the distinction of being FierceHealthcare’s picks for the most notorious healthcare leaders in 2017.

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4.5 - Neshoba Democrat: [Tribe signs MOU with VA for housing loans](#) (6 December, Debbie Burt Myers, 17k ovm; Philadelphia, MS)

A memorandum of understanding, which will make the process of applying for a Veterans Affairs home loan easier for eligible Native American veterans, active-duty military and their spouses on federal trust land, was signed last week by the Mississippi Band of Choctaw Indians and the U.S. Department of Veterans Affairs.

The ceremonial signing was Thursday in the Golden Moon VIP room.

“I am excited to be signing this agreement today,” said Chief Phyliss J. Anderson. “Many people have been working diligently for years to make this happen. This agreement between the Tribe and the VA will greatly benefit many native veterans, especially our Choctaw veterans.”

Chief Anderson told those in attendance that the Tribe had worked for more than 10 years “to forge this important partnership to provide low interest mortgage loans.”

Anderson said the Tribe had 614 deceased and living veterans who have and still do bravely serve and protect our country.

“Native Americans serve in the armed forces at the highest rate of any minority group,” she said. “It is great to know and hear that.”

She told those in attendance for the signing that there were a “great number of Tribal members with the means to purchase, build and/or refurbish their homes with a low interest loan. What we’ve been working on for 10 years has become a reality today. Most importantly, this is a day to say thank you and pay tribute to our veterans and our active duty military members.”

Jeffrey London, director of the VA Loan Guaranty Service, said it was a “passion” for Veterans Affairs to help Native Americans build and refurbish houses on federal trust land.

He said programs such as this one with the Tribe was a favorite of his former boss and was fast becoming a favorite of his own.

“This is my fifth MOU to sign this year and it is becoming my favorite,” London said.

Thursday's event began with an hour-long information fair for veterans. The Department of Veterans Affairs Benefits Administration – Jackson Regional Office and the GV (Sonny) Montgomery Medical Center were both on hand to speak with veterans.

The ceremony included the signing of the MOU, posting of the colors by the Choctaw Veterans Color Guard, and a traditional Pow-Wow style honor song and veteran's song performed by the Southern Pine Singers.

The Choctaw Mortgage Program, located at the Choctaw Town Center, will serve as the local office to assist Veterans with their VA home loan application process. Daniel Tubby, Home Ownership Counselor, will be the point of contact and can be reached at 601.656.0056 ext. 2678 or Daniel.s.tubby@choctaw.org.

By statute, before the VA can make a loan to a Native American veteran desiring to build or renovate a home on tribal land, the veteran's tribal sovereign governing body must enter into a MOU with VA.

Native American veterans eligible for VA home loan benefits and whose sovereign governments have signed a MOU may then apply directly to VA for a 30-year fixed rate loan to purchase, build, or improve a home located on federal trust land.

They may also refinance a direct loan already made under this program to lower their interest rate. If the property is not located on federal trust land, the veteran can use the traditional VA-guaranteed Home Loan program.

Call toll free 1-800-827-1000 or visit www.benefits.va.gov/homeloans for more information about the Native American Direct Home Loan Program (NADL).

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5. Improve Timeliness of Service

5.1 - Military Times: Veterans advocates rally at US Capitol for expanded caregiver benefits (6 December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

When Coast Guard rescue swimmer Dave Riley lost all four limbs to a rare bacteria in 1997, his wife, Yvonne, gave up her career and freedom to become his full-time caregiver.

He said he wouldn't be able to survive without her help, even for everyday tasks like eating, putting on his prosthetics and traveling outside the home.

"For the last 20 years, she has sacrificed so much so I can lead a high-quality life," he said. "And largely, she has done so without outside support.

"It is virtually impossible for me to take Yvonne for granted, but I feel like the system does."

Both Yvonne and Dave — the past commander of Disabled American Veterans — were present Wednesday for a rally inside the Capitol to extend Veterans Affairs caregiver benefits to

individuals who served before September 2001, calling existing rules surrounding the program unfair and harmful to many military families.

Currently, family members who provide around-the-clock assistance to injured veterans are eligible to receive an array of support services from the department, including a monthly stipend to compensate for their lost time and careers.

But the program, approved in 2010, is only open to veterans of the Iraq and Afghanistan wars era. That leaves individuals like Yvonne — whose efforts veterans groups estimate have saved the federal government hundreds of thousands in health care costs — largely alone in their efforts to take care of their loved ones.

“Day after day, little by little, we have learned to get by without help,” she said. “I gave up working to provide his daily care, but through the years, it has only become more challenging.”

Veterans groups have pushed for an expansion of the program, arguing it excludes too many dedicated caregivers who face the same financial challenges as their younger peers. On Wednesday, they presented lawmakers with a petition signed by more than 180,000 individuals asking for a fix.

“Every day, hundreds of thousands of caregivers are providing unmatched care that allow the nation’s most seriously injured veterans to remain in their homes and out of nursing homes, giving them a chance at better health and a better quality of life,” said Garry Augustine, executive director for DAV.

“For caregivers who do so, they often work without assistance and without the benefit of comprehensive support.”

VA Secretary David Shulkin has voiced support for the expansion in recent months, but that move would have to be approved by lawmakers first.

Past opposition to the expansion has been based mostly on the cost. Extending the caregivers stipend to veterans of all eras is expected to total more than \$3.4 billion over five years, a hefty price tag for a Congress already fighting over federal spending caps.

Last week, members of the Senate Veterans’ Affairs Committee included the measure in a broader, \$54 billion health reform package. Lawmakers and veterans groups at Wednesday’s rally applauded that move but noted the legislation still faces a difficult path ahead in Congress.

Supporters noted that caregivers are often far less expensive than full-time medical care or nursing homes for the injured veterans and that the federal government should not take that for granted.

“It’s impossible to overstate the value of having a family member or loved one by your side while overcoming an illness or coping with an injury,” said Sen. Patty Murray, D-Wash., who sponsored expansion legislation in the Senate.

“But the sacrifices they make to provide vital day-to-day care for our veterans often goes unnoticed. Taking care of our veterans means taking care of those who make their recovery possible.”

House Veterans' Affairs Committee ranking member Tim Walz, D-Minn., said he is hopeful similar legislation can move forward in his chamber soon, after broader budget issues are resolved. He said costs are a potential roadblock but should not mean an end to the conversation.

"We need to make the case for this, and we need to figure out how to pay for this," he said. "I can't look at Dave and Yvonne and tell them that shouldn't happen for them. That's simply not fair."

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5.2 - KJZZ (NPR-91.5, Audio): [VA Study Links Veterans' Rare Cancer To Parasite From Raw Fish](#) (6 December, Steve Goldstein, 168k online visitors/mo; Tempe, AZ)

Vietnam veterans have struggled to deal with PTSD and other health challenges in the nearly 50 years since they served overseas.

Following the results of a Department of Veterans Affairs study, a link between cases of a rare bile duct cancer and a parasite that gets into the body via raw or undercooked fish may have been found.

Reporting by the Associated Press found that 700 veterans have been diagnosed with the cholangiocarcinoma over the past 15 years.

To learn more about the disease — and the parasite — I turn to Dr. Paul Brindley. He is director of the Brindley Lab at the George Washington School of Medicine and Health Sciences, and he focuses on neglected tropical diseases and associated cancers.

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5.3 - KWQC (NBC-6, Video): [Family of man who died after surgeries at the Iowa City VA Hospital want answers](#) (6 December, Jenna Jackson, 163k ovm; Davenport, IA)

LE CLAIRE, Ia. (KWQC) - Richard Hopkins was a normal man. He worked as a farmhand, wore overalls, and was incredibly smart. He was also a veteran, serving the United States Army from 1971-1973 in Germany as a tank mechanic.

Earlier this year, he went to the Iowa City Veterans Affairs Hospital for a MRI. They found a brain tumor. It was benign but surgery was needed. Following surgery, he spent a month in the ICU. Many complications led to an infection covering his entire brain. It was after doctors told his family there was no treatment available, they took him off the ventilator. Hopkins died on August 23rd, 2017. In the coming months, his family's lives would change.

A recent USA Today report showed VA hospitals across the country hired doctors with previous malpractice lawsuits against them. That included the Iowa City VA Hospital and one of their doctors; Dr. John Henry Schneider.

The same doctor who did Hopkins' surgery.

TV-6 began an investigation after the USA Today report was published. TV-6 confirmed Dr. John Henry Schneider was employed at the Iowa City VA Hospital from late April of this year until November 29th, when he resigned in lieu of termination.

The Department of Veterans Affairs Press Secretary, Curtis Cashour, sent TV-6 this statement:

“Upon review of Dr. Schneider’s case, we found his hiring was inconsistent with applicable law, as a result of incorrect internal VA guidance received during his hiring process.

As a result, he resigned from VA in lieu of termination November 29.

All of the employees mentioned in the story no longer work for VA. We are also looking into whether other doctors in the VA system may have been hired improperly as a result of the same incorrect internal VA guidance, and we will take prompt removal action with any improper hires we discover.”

When Hopkins’ family found out the results of USA Today’s investigation they were floored.

“I wondered how’d this guy get into a hospital for our veterans. Somebody hired him. They knew what was going on and yet they still hired him,” said Autumn Hopkins, his daughter.

The family says they’re unsure whether they can trust the VA will do what the statement says.

“Yeah I can’t say their track record has been great about being forthcoming with what they’re doing. So I can’t say I necessarily believe that they’re taking the steps that they say they are,” says Amy McIntre, Richard Hopkins’ daughter.

Richard’s two sisters say they want this report to go nationwide. The whole family hopes the VA doesn’t sweep this under the rug. In the meantime, the family is unsure what their next steps are. At this time, they have not filed any lawsuits against Dr. Schneider or the VA.

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5.4 - News-Review: [VA spreads Christmas cheer](#) (5 December, 160k online visitors/mo; Roseburg, OR)

Roseburg Veterans Affairs Medical Center employees took the time this holiday season to make Christmas a bit more jolly for children in need.

On Tuesday, the VA delivered gifts for 193 children selected by the Department of Human Services.

VA spokesman Shanon Goodwin said it’s a project VA employees take on every year. They chose gift recipients from a stack of wish lists created by DHS case workers, who met with children in advance and wrote down names, ages, genders, clothing sizes and, perhaps most importantly, what they wanted for Christmas.

Goodwin praised the generosity of his fellow VA staff members.

"As carts of gifts were loaded onto trucks from the VA and transported to DHS, you could see from the smiles of employees' faces that they were beyond happy that they could contribute to making a child smile," Goodwin said.

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5.5 - North Country Public Radio: [Without an honorable discharge, mental health options are limited](#) (6 December, Carson Frame, 144k online visitors/mo; Canton, NY)

Last month's mass shooting at a Texas church has raised questions of whether the military does enough to help former service members with bad conduct discharges. They're not eligible for veterans' mental health care.

When service members separate from the military, their futures depend on something called a characterization of service. There are five different possibilities: honorable, general under honorable conditions, other than honorable, bad conduct, and dishonorable.

"Other than honorable" means the service member has had a pattern of misconduct or has been convicted by a civilian court of a crime.

Meanwhile, "bad conduct" and "dishonorable" result when a service member commits a felony-level offense. Those two categories, the lowest on the military scale, are also known as "punitive discharges."

Military discharges are a reward system. Serving without bad behavior or crime earns service members support from the VA. But if they cause trouble, they're mostly on their own.

"When you get an other than honorable discharge or a bad conduct discharge or a dishonorable discharge, you lose virtually all of your access to VA benefits," said South Texas College of Law Professor Geoffrey Corn. "They're supposed to be reserved for service members who served under honorable conditions."

In July, the VA revised its policies and began offering 90 days of emergency mental health care to veterans with other than honorable discharges - people who it says are at greater risk of suicide and homelessness.

But there are still limits. Ex-service members with punitive discharges - bad conduct or dishonorable - are not included. They can only access short-term humanitarian services from the VA, which have to be repaid.

That would have been true for Devin Kelley, who killed 26 people at a Sutherland Springs, Tex. church Nov.5. Kelley - a former Air Force airman - received a bad conduct designation after being courtmartialed for domestic assault in 2012.

At a National Press Club meeting shortly after the shooting, VA Secretary David Shulkin said he considered Kelley a criminal, not a veteran.

"Those with bad conduct or discharges, such as this gentleman, have violated the law, have violated our morals and ethics, and I do not believe deserve services and benefits," he said.

Shulkin laid the responsibility for care elsewhere.

"They have other systems where I believe they could get the help that they need, whether they're prison systems or other community-based systems," he said. "But not the Department of Veterans Affairs."

But some say VA treatment should be available even for people who have received punitive discharges. Dr. Stephen Xenakis is a psychiatrist and retired Army brigadier general who used to administer Army hospitals.

"I don't see treatment to someone who has a serious problem and committed an offense as a benefit. I see it as a responsibility," Xenakis said. "In this particular case, it was a responsibility we dropped, and we had horrendous consequences from that."

Xenakis argues that the military justice system doesn't offer adequate treatment for offenders transitioning back to civilian life. He said the VA should help coordinate care for newly discharged people.

"In the cases I've seen and worked with, there hasn't been much coordination between the military services and the local communities or the states," Xenakis said. "It really has varied a lot in terms of how closely the people are monitored and what the circumstances of parole are."

Geoffrey Corn said service members with bad conduct discharges do get help during transition. Often that takes the form of rehabilitation, counseling, and anger management while in military confinement.

He also said the military shouldn't be held to a higher standard for providing care than the rest of the government.

"I mean, if you commit a serious felony, you might have a mental disorder or something that would benefit from treatment. But when you get released from the state penitentiary, or the federal prison, you don't have automatic access to medical care," Corn said.

The defense spending budget passed by Congress this month requires a mental health exam and treatment plan for all service members when they leave active duty.

It's unclear where some of them would go for care.

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5.6 - Patient EngagementHIT: [Proposed VA Bill May Expand Patient Care Access, Community Health - Senators have introduced a new bill that would expand veteran patient care access through community health. The VA has also implement programs to support community health.](#) (6 December, Sara Heath, 21k online visitors/mo; Danvers, MA)

Senator John McCain, Chairman of the Senate Armed Services Committee, and Senator Jerry Moran, Chairman of the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, have introduced the Veterans Community Care and Access Act (S. 2148) that will help improve veteran patient access to care.

The bill, introduced to the Senate on December 4, seeks to streamline community care and VA services. Per a legislative summary published by Senator Moran's office, the bill will create a community care program, a strategy to improve integrated care at VA, and patient access and quality standards.

The bill also clarifies how VA and other entities would pay for veteran healthcare.

These proposed reforms will build upon the progress made by the Veterans Choice Program. Implemented in 2014, Choice allows veterans facing extraordinary barriers to care to receive treatment at third party, non-VA facilities.

"Our bill would strengthen and improve the core elements of Choice by consolidating and streamlining the VA's community care program," McCain said in a statement.

"Moreover, the bill would deliver long overdue, critical reforms to the VA, including commonsense reporting standards that ensure cost-efficient care to our nation's veterans," he continued. "It's time we transform the VA into a 21st century health care system, one that respects the dignity of our men and women in uniform and provides all veterans the quality health care they deserve."

The proposed bill will help integrate community care with VA services by reducing bureaucratic barriers, ideally making veterans the core decision-makers in their own healthcare, McCain and Moran said.

"Demand has demonstrated that veterans want and need healthcare options in their communities, but there must be reform at the VA to create a system that works for them," Moran stated. "This joint effort to reform the VA will offer veterans an integrated healthcare system within their community that reduces red tape, enhances their quality of life and provides care that is worthy of their service and sacrifice."

The bill also establishes a set of payment standards that will help better incorporate community providers and VA services, expand veteran access to telehealth, and create better employment opportunities for graduate medical students and medical residents.

The VA has also begun work to improve veteran patient and family engagement. In the VA facility in Los Angeles, organization leaders have formed the Veterans and Community Oversight and Engagement Board Federal Advisory Committee.

This body will serve as a patient advisory council (PAC), helping to identify patient and family goals and priorities across VA. PACs in all types of care settings are useful for integrating the patient voice into healthcare decision-making.

The Veterans and Community Oversight and Engagement Board will also work to integrate community priorities with veteran priorities. The Board will identify social determinants of health that affect veterans in the Los Angeles community and work with VA providers to address those issues.

"The creation of this committee supports VA's goal of educating and empowering Veterans and their families through outreach and advocacy," said VA Secretary David J. Shulkin, MD. "We will focus on initiatives such as assisting homeless Veterans in the Greater Los Angeles area,

supporting underserved populations of women Veterans, aging Veterans, physically or mentally disabled Veterans and those with addiction issues.”

Both efforts are a part of VA’s overall goal of improving the services it offers to veteran patients. VA has been under scrutiny since the wait time scandal at the Phoenix VA during which VA employees falsified veteran wait times to meet certain metrics. The issue resulted in the resignation of then VA Secretary Eric Shinseki and allegedly caused 40 veteran deaths.

Since that incident, VA has worked to both improve its patient services and revamp its public image. The VA launched the Veterans Choice Program, implemented a culture of patient centricity, and installed several different programs making it easier for veterans to make treatment choices and access VA healthcare.

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7.1 - The Hill: [VA slashes program that helps homeless veterans obtain housing: report](#) (6 December, Brandon Carter, 11.8M online visitors/mo; Washington, DC)

The Department of Veterans Affairs is slashing funding for a key program that helps provide housing to homeless veterans, according to a new report.

Politico reports the VA told advocates and state officials in a call last week that the \$460 million program would essentially end.

VA Secretary David Shulkin reportedly told those on the call that the money for the program would now go to VA hospitals for use as they see fit. The hospitals must show that they are working to deal with homelessness as part of their work, according to Politico.

Activists and officials were reportedly furious about the decision, five people who listened in on the call told the news organization.

Elisha Harig-Blaine of the National League of Cities told Politico after the call that the VA was “putting at risk the lives of men and women who’ve served this country.”

The decision comes after a joint press conference between Shulkin and Secretary of Housing and Urban Development Ben Carson at a Washington, D.C. homeless shelter in which the two announced a new commitment to ending homelessness among the nation’s veterans.

The program provides housing vouchers to veterans via the Department of Housing and Urban Development while the VA continues helping veterans find more permanent housing.

More than half of the veterans housed via the program have problems like chronic illness or substance abuse, according to Politico.

Shulkin issued a statement to Politico Wednesday saying he would get input from local VA leaders “on how best to target our funding to the geographical areas that need it the most.”

Sen. Patty Murray (D-Wash.), who serves on the Senate Committee on Veterans’ Affairs, told Politico that the decision was a “new low” for President Trump’s administration.

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7.2 - Patriot-News: [Vets now have free shuttle service options to VA Medical Center](#) (6 December, Barbara Miller, 3.1M online visitors/mo; Mechanicsburg, PA)

There is free bus service now for Cumberland County for veterans who need to get to the Lebanon VA Medical Center, and Dauphin County is planning to add service next year.

In Cumberland County, the new bus service is provided on weekdays through Rabbittransit. It transports veterans from the VA outpatient clinic in Camp Hill to the Lebanon VA, and it will move to the new veterans clinic in Mechanicsburg when it opens. Vets also have transportation to the Camp Hill clinic.

Those interested in participating must complete an application to determine which transportation services they are qualified to receive. Some veterans may qualify for door-to-door transportation.

The shuttle leaves the Camp Hill clinic, 25 North 32nd Street, at 7 a.m. and arrives at the VA Medical Center in Lebanon at 8:45 a.m. The shuttle leaves the medical center at 12:30 p.m., arriving back in Camp Hill at 2:15 p.m. Reservations must be made by noon the day before transportation is needed.

Escorts are allowed to travel with the veteran and all shuttle vehicles are ADA accessible. For more information contact Rabbittransit online or call 1-800-632-9063 option 4.

In Dauphin County, CAT is planning to start free service for veterans to the Lebanon VA in 2018.

CAT is working with the Dauphin County Veterans Bureau to survey veterans to determine need and locations for service stops, said Robert Philbin, CAT spokesman.

CAT has normal fixed route service to the Camp Hill outpatient clinic, and paratransit service to the clinic is \$1 for senior vets.

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7.3 - Military Times: [VA reverses course, won't alter homeless program funding](#) (6 December, Leo Shane III, 2.1M ovm; Springfield, VA)

WASHINGTON — Veterans Affairs officials on Wednesday reversed course on plans to dramatically alter how funding for homeless veterans programs is handled, promising “absolutely no change in the funding” until fiscal 2019.

In recent weeks, veterans advocates had been upset over plans from department leaders to shift funding previously restricted to homeless housing vouchers — specifically, the Housing and Urban Development-VA Supportive Housing program — to general purpose money.

VA leaders said the move would allow regional directors more flexibility to push money into what they saw as top local priorities. But advocates worried that could lead to ignoring homeless veterans outreach and assistance in favor of other budget gaps, undoing years of progress addressing the problem.

The estimated number of homeless veterans dropped from more than 74,000 individuals in 2010 to fewer than 40,000 in 2016. In 2017, the number rose by almost 600 veterans after seven years of decreases.

In a letter to VA Secretary David Shulkin in October, officials from the National Coalition of Homeless Veterans said they objected to “any conversion of special purpose homeless program funding for any purpose,” calling it potentially “catastrophic” to progress made in recent years.

Estimates show the total number of veterans without stable housing increased by about 600 from 2016 to 2017.

On Wednesday night, Shulkin agreed to abandon the change for now.

“Over the next six months, I will solicit input from our local VA leaders and external stakeholders on how best to target our funding to the geographical areas that need it most,” he said in a statement. “Based on that input we will come forward with proposals for fiscal year 2019 on how to improve the targeting of our homeless program funding.”

Responding to concerns about the homeless program money being used for other issues, Shulkin stated that “there will be absolutely no change in the funding to support our homeless programs” and “we will not be shifting any homeless program money to the Choice program.”

Shulkin also noted that President Donald Trump has requested an additional \$66 million in homeless veterans assistance funding for fiscal 2018. That budget plan still has yet to be approved by Congress, even though the new fiscal year began October 1.

In 2010, then-President Barack Obama and VA officials made a public pledge to “end veterans’ homelessness” in coming years, an effort that was paired with big boosts in funding for community intervention programs at both VA and HUD.

In June, VA Secretary David Shulkin said he no longer saw the previous goal of zero homeless veterans as a realistic target for his department. Instead, VA officials are now looking at a “functional zero” goal of around 15,000 homeless veterans nationwide.

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7.4 - WBUR (NPR-90.9, American Homefront Project, Audio): [Making VA Health Care More Welcoming To Female Veterans](#) (6 December, Libby Denkmann, 1.1M online visitors/mo; Boston, MA)

Research shows women veterans don't use VA health care at the same rate as men, and many report delayed or unmet health needs. A group of nonprofits is testing a new program in Los Angeles meant to overcome the barriers that keep female veterans from seeking help.

Libby Denkmann (@libdenk) of KPCC reports.

This story was produced by the American Homefront Project, a public media collaboration that reports on American military life and veterans. Funding comes from the Corporation for Public Broadcasting and the Bob Woodruff Foundation.

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7.5 - WFTS (ABC-28, Video): [Christmas wreaths needed for Bay Pines National Cemetery](#)
(6 December, Jillian Ramos, 842k online visitors/mo; Tampa, FL)

Volunteers and donations are needed for a wreath laying ceremony at Bay Pines National Cemetery.

Wreaths Across America needs 34,000 wreaths by the ceremony on December 16th. As of right now, they only have 1,829, just 5% of their goal.

Wreaths can be purchased through the organization for \$15 but donations can also be made in any amount.

They are also looking for volunteers to help place wreaths on veteran gravestones.

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7.6 - WIBW (CBS-13, Video): [New homeless veterans report shows overall decrease in KS](#)
(6 December, Erika Hall, 484k online visitors/mo; Topeka, KS)

New numbers from the U.S. Department of Housing and Urban Development show homelessness crept up 1.4 percent in Kansas since last year.

There's good news, though in the number of veterans who are homeless, it's down nearly 70 percent from 2010.

V.A. housekeeping aid Bill Hunter was once a homeless veteran, now he uses elbow grease to keep the halls clean at the center.

Not so long ago, he felt he was out of options.

"I've been in the Salvation Army, staying on the street, sleeping in cars, all of that. I've been through everything, went through the whole drug scene because that's what you end up doing, you try to do anything there is as a value. You donate blood just to have a little bit of money," Hunter said.

While the number of veterans in Kansas who are homeless is up slightly from last year, since 2010, it's gone down 69.5 percent.

Heath care for Homeless Veterans Advocate Heather Davis said veterans are becoming aware of available services.

"We really work with them to get them emergency housing, back rent or utilities paid, whatever we can do to either salvage their current housing or help them get stably housed someplace else," Davis said.

Housing is only part of the problem for homeless veterans.

Davis said they work with veterans to try to get them community resources.

We have supportive services for veterans and families through the Salvation Army which is a great resource," Davis said.

Hunter said he's received help for PTSD and mental health concerns, and the V.A. connected him with a range of programs, helping him make a clean start, and get back on his feet.

"The only thing you have to do is come up to the v-a and ask for some help, and you will get it. That's the only thing I can tell them, and I keep it 100, you have to come and get help if you want help," Hunter said.

Veterans may call the National Call Center for Homeless Veterans at 877-424-3838, it is free and confidential.

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7.7 - Housing Wire (Video): [HUD report reveals severe shortage of affordable housing increases homelessness - About 553,742 people homeless on any given night](#) (6 December, Kelsey Ramirez, 438k online visitors/mo; Irving, TX)

Homelessness increased in the U.S. in 2017, according to the 2017 Annual Homeless Assessment Report to Congress released by the U.S. Department of Housing and Urban Development. Can the housing shortage be to blame?

On any given night, an average of 553,742 people are without a home in the U.S., an increase of 0.7% from last year. Local communities reported the number of persons experiencing chronic homelessness and veterans increased. However, the report adds exact numbers are difficult to get 100% accurate.

Most of these, about 360,867, were located in emergency shelters and transitional housing programs, however 192,875 were unsheltered.

Most tragically, a total of about 40,799 unaccompanied youth and children were homeless in a night. HUD explained that this year, along with local communities, it launched a more intense effort to more accurately account for this difficult-to-count population, saying it will use 2017 as a baseline to track progress in reducing youth homelessness.

"In many high-cost areas of our country, especially along the West Coast, the severe shortage of affordable housing is manifesting itself on our streets," HUD Secretary Ben Carson said.

“With rents rising faster than incomes, we need to bring everybody to the table to produce more affordable housing and ease the pressure that is forcing too many of our neighbors into our shelters and onto our streets. This is not a federal problem—it’s everybody’s problem.”

However, homelessness among families with children decreased 5.4% from 2016 to 2017. It’s been a chronic problem facing the nation, the previous administration left the Oval Office without meeting one of its key goals on homelessness, for example.

And the recent report shows the number of homeless varies drastically from one region to another. Thirty states and the District of Columbia actually reported decreases in homelessness over the past year. But due to challenges in some metropolitan area, the national trend in number of homeless moved up.

“The fact that so many parts of the country are continuing to reduce homelessness gives us confidence that our strategies—and the dedicated efforts of communities to embrace best practices—have been working,” said Matthew Doherty, U.S. Interagency Council of Homelessness executive director. “At the same time, we know that some communities are facing challenges that require us to redouble our efforts across all levels of government and the public and private sectors, and we are committed to doing that work.”

But some cities continue to pull the national trend lower. HUD pointed out that Los Angeles reported an increase of 26% in overall homelessness since 2016. And this increase is primarily in non-sheltered homeless. And in New York City, emergency shelters and transitional housing reported an increase in homelessness, bringing the city’s increase to 4.1% annually.

The number of veterans experiencing homelessness decreased 3.2% after excluding these two cities from the calculation, but increased 1.5% overall. However, the U.S. Department of Veterans Affairs brushed off the increase, saying it will continue to work to ensure veterans find stable housing.

“Our joint community-based homelessness efforts are working in most communities across the country,” VA Secretary David Shulkin said. “Despite a slight increase in overall Veteran homelessness, I am pleased that the majority of communities in the U.S. experienced declines over the past year.”

“VA remains committed to helping Veterans find stable housing,” Shilkin said. “We will continue to identify innovative local solutions, especially in areas where higher rents have contributed to an increase in homelessness among Veterans.”

But despite the slight increase from 2016 to 2017, homelessness is down 13.1% since 2010.

HUD’s national estimate is based upon data reported by approximately 3,000 cities and counties across the nation. Every year on a single night in January, planning agencies called Continuums of Care and tens of thousands of volunteers seek to identify the number of individuals and families living in emergency shelters, transitional housing programs and in unsheltered settings.

HUD explained these one-night snapshot counts, as well as full-year counts and data from other sources such as the U.S. Housing Survey, and the Department of Education are crucial in understanding the scope of homelessness and measuring progress toward reducing it.

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7.8 - WWSB (ABC-7, Video): [Sarasota National Cemetery reaches goal for holiday wreaths](#)
(6 December, 195k online visitors/mo; Sarasota, DL)

Sarasota National Cemetery has raised enough money to make sure every gravestone has a holiday wreath.

The Sarasota Military Academy has been working for weeks to help raise the money and their hard work has paid off.

The cemetery reached their goal of raising enough money to purchase 12,000 wreaths for each gravestone.

Meshia Richardson was in charge of the fundraising and served as the Wreaths Across America coordinator.

Richardson is the widow of a veteran and wants to honor the men and women who have served.

"We're proud of our countries and we're proud of our rights that the men and women fought to protect. Many of those men and women are lying at rest here and at other national cemeteries, says Meshia Richardson.

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7.9 - The M Report: [HUD Secretary Vows to "Ease the Pressure" of Homelessness](#)
(6 December, Nicole Casperson, 20k online visitors/mo; Dallas, TX)

On a single night, 553,742 people experience homelessness in the U.S. According to the latest national estimate by the Department of Housing and Urban Development (HUD) 2017 Annual Homeless Assessment Report to Congress, this number represents an increase of .7 percent since last year.

Despite the overall increase, homelessness across the country is varied. In fact, many places continue to experience a drop in homelessness—with 30 states and the District of Columbia reporting decreases in homelessness between 2016 and 2017. However, challenges in some major metropolitan areas have had a significant impact on the national numbers.

The most troubling area is the city and county of Los Angeles. Last January, the area counted a total of 55,188 individuals living in sheltered and unsheltered settings—an increase of nearly 26 percent over January 2016.

"In many high-cost areas of our country, especially along the West Coast, the severe shortage of affordable housing is manifesting itself on our streets," said HUD Secretary Ben Carson. "With rents rising faster than incomes, we need to bring everybody to the table to produce more affordable housing and ease the pressure that is forcing too many of our neighbors into our shelters and onto our streets. This is not a federal problem-it's everybody's problem."

The severe lack of affordable housing in the Los Angeles County is also affecting the level of veteran homelessness. Only in Los Angeles, veteran homelessness increased 64 percent since

January 2016, which largely accounts for the 1.5 percent increase of veteran homelessness nationwide.

New York City is the second area of concern, with a reported 4.1 percent increase, principally among families in emergency shelters and transitional housing. To put the impact of both major metropolitan areas into perspective, if the findings were to exclude the two areas, the estimated number of veterans experiencing homelessness in other parts of the nation actually experienced a decreased by 3.1 percent since 2016.

Additionally, since 2010, veteran homelessness declined nationally by 46 percent. Regardless of the national increase, U.S. Department of Veterans Affairs (VA) Secretary David Shulkin said he believes VA's joint community-based homelessness efforts are working in most communities across the country.

"Despite a slight increase in overall Veteran homelessness, I am pleased that the majority of communities in the U.S. experienced declines over the past year," said Shulkin. "VA remains committed to helping Veterans find stable housing. We will continue to identify innovative local solutions, especially in areas where higher rents have contributed to an increase in homelessness among Veterans."

Matthew Doherty, Executive Director of the U.S. Interagency Council of Homelessness also expressed that the reduced homelessness in the majority of the country provides confidence that the strategies and dedicated efforts in place have been working.

"At the same time," Doherty said, "we know that some communities are facing challenges that require us to redouble our efforts across all levels of government and the public and private sectors, and we are committed to doing that work."

Other Key Findings of HUD's 2017 Annual Homeless Assessment Report:

- •Most homeless persons (360,867) were located in emergency shelters or transitional housing programs while 192,875 persons were unsheltered.
- •The number of families with children experiencing homelessness declined 5.4 percent since 2016 and 27 percent since 2010.
- •Chronic or long-term homelessness among individuals increased 12.2 percent over 2016 levels though declined by 18 percent (or 19,100 persons) since 2010.
- •The number of unaccompanied homeless youth and children in 2017 is estimated to be 40,799.

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7.10 - Lake County News-Sun: ['His one true love': Vietnam veteran's last wish to broadcast on ham radio fulfilled](#) (6 December, Frank Abderholden, 7k online visitors/mo; Chicago, IL)

For Vietnam veteran John Nugent, who served in the U.S. Army Signal Corps, coming home to Newburgh, N.Y., meant some isolation, according to his son Chris, but his love of ham radio allowed him to reach out to other people throughout the world.

"It was tough for him. The radio made him feel comfortable, and helped with his transition," Chris Nugent said.

The veteran's call signal, WA2EQJ, came alive again Tuesday at the Captain James A. Lovell Federal Health Care Center in North Chicago, where the 75-year-old Nugent got his dying wish to broadcast on ham radio one more time.

"It's his one true love," said his son, a renowned chef and owner of Goosefoot in Chicago. "It was above and beyond everything. He built his first radio out of a cigar box when he was 9 years old."

The elder Nugent moved from Vernon Hills to the Green House veterans' housing complex at the Lovell Center in December of 2014.

He had been staying on the East Coast until his other son, John Nugent III, died.

He then moved to the Chicago area to be closer to Chris.

Chris said getting John Nugent into the complex for veterans with geriatric and long-term care needs was one of the best things for his father.

"It improved his life unbelievably. Everyone here is part of his family, and he will spend his last days with the family, where everyone knows him as Sarge," he said.

John Nugent has cancer. He made his final wish known to Alesia Behnke, a social worker at the community living center.

"He told me he was a ham radio operator since he was 16, and he never let his license lapse," she said.

Green House staffers contacted the Lake County Veterans Assistance Commission and, before they knew it, they were getting responses from American Legion Amateur Radio, the North Shore Amateur Radio Club, Lake County Emergency Management and the Lake County Sheriff's Office.

"We had too much support," Behnke said with a laugh.

"We went from 'We might be able to get this done,' to 'What week do you want to do it?' He was just over the moon," Behnke said. "We had no idea we were going to pull it off."

Lake County RACES, which stands for Radio Amateur Civil Emergency Services, works to help during emergencies or large events, president Jim Nelson said. On Tuesday, they set up antennas in an adjacent courtyard and some equipment on a table inside, so Nugent would get his chance.

They also put Nugent's YAESU radio receiver on the table to make him more comfortable.

"We were all anxious to get out here and set it up," Nelson said.

Nugent got to talk to people from Sacramento and Grass Valley, Calif., and Texas and Libertyville.

"So it's very nice to make your acquaintance. I liked your call," he told one operator.

He told another, "Sorry, I'm dying of cancer ... I'll be around for awhile."

He asked one amateur radio operator from Grass Valley named Jim the amount of watts he was using. Jim gave Nugent a "73 to a buddy," which in ham radio language means "best regards."

Chris said his father grew up in Newburgh, and then they moved a short distance to Owego, N.Y., because his father worked for IBM.

When he was old enough, Nugent volunteered for the Army. At the time, he had a brother, Bill, and sister, Mary Beth.

"On my mother's side of the family, everyone served," he said, referring to the Loucks family.

"He was inspired by JFK (President John F. Kennedy) ... and joined up in 1966," he said. "He volunteered to fight to the death for his country."

John Nugent was wounded in the leg by shrapnel, Chris said.

Following the war, Nugent was an electrician who made circuit boards for General Electric in New York. He spent 11 years helping his wife, Sharon Marie, through kidney disease, which included two transplants and dialysis, before she died.

On Tuesday, the elder Nugent began to grow tired and the radio broadcasting was wrapped up. Chris walked around the community room thanking people from Lake County RACES and the veterans assistance commission along with Lovell staff members.

"Thank you, thank you. We appreciate it so much," said Chris' wife, Nina.

She also looked around at the staff and other residents. She said everyone living in Nugent's building had a story if you only stopped to listen, which they had.

"We became part of their families, too," she said.

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8. [Other](#)

8.1 - WBFO (NPR-88.7): [Holland couple sentenced for defrauding disability out of \\$1.2M](#) (6 December, Marian Hetherly, 1.9k online visitors/day; Buffalo, NY)

A Holland couple who stole more than \$1.2 million in Veterans Affairs and workers compensation benefits have been sentenced by U.S. District Court Judge Richard Arcara.

The U.S. Attorney's Office says Richard Klaffka, 59, was sentenced to 32 months in prison, while his wife - Cathleen Klaffka, 62 - was sentenced to three years probation. Both were also ordered to pay restitution: \$922,137 to the VA and \$315,290 to the Department of Labor.

"Services and programs offered by federal agencies such as the VA and the Department of Labor are designed to assist those who are most in need," said U.S. Attorney James Kennedy. "When defendants like the Klaffkas try to game the system, they victimize those who are truly deserving and in need. With today's prison sentence, Mr. Klaffka will finally be able to experience firsthand what it means to suffer a true limitation to one's mobility."

Authorities says it all started in 2006, when Richard Klaffka told the VA he was confined to a wheelchair due to a military-related injury. In order to get workers compensation benefits from his job with the U.S. Postal Service, he also falsely claimed a work injury resulted in having to walk with a cane.

However, authorities said the couple was well aware Richard Klaffka was able to walk without assistance and that he regularly engaged in extensive physical activities, including hiking and riding a bike.

An investigation of the claim was triggered by an anonymous call to a fraud hotline.

"The U.S. Postal Service spends nearly \$3 billion per year in workers compensation costs, most of which goes to deserving postal employees with legitimate injuries suffered on the job," said U.S. Postal Service Office of Inspector General Acting Special Agent-in-Charge Kenneth Cleevely. "This sentence should also serve as a deterrent to other postal employees who may be thinking of committing workers compensation fraud; you may end up behind bars and out of a job."

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Veterans Affairs Media Summary and News Clips

7 December 2017

1. [Top Stories](#)

1.1 - Washington Post (AP): [Shulkin urges emergency aid for VA private health care soon](#)

(6 December, Hope Yen, 43.9M online visitors/mo; Washington, DC)

In a fresh warning, Veterans Affairs Secretary David Shulkin said Wednesday there could potentially be delays in providing medical care to tens of thousands of veterans if lawmakers don't act soon to approve billions in emergency funding for the ailing private-sector Choice program. In a statement, Shulkin said he was heartened by several congressional bills that would provide longer-term fixes to the Department of Veterans Affairs program by giving veterans wider freedom...

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1.2 - Washington Post: [VA tried to reallocate \\$460 million earmarked for homeless veterans. Now it says that won't happen.](#) (6 December, Emily Wax-Thibodeaux, 43.9M online visitors/mo; Washington, DC)

The Department of Veterans Affairs appears to be backtracking on its divisive plan to reallocate nearly a half-billion dollars from a successful program to reduce homelessness among former military personnel, bowing to pressure from lawmakers and advocacy groups who criticized the effort as cruel and counterproductive. The about-face, announced in a statement Wednesday night from VA Secretary David Shulkin, followed a Washington Post inquiry about the Trump administration's effort to divert the funding...

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1.3 - Politico: [VA cuts program for homeless vets after touting Trump's commitment](#) (6

December, Arthur Allen and Lorraine Woellert, 23.9M online visitors/mo; Washington, DC)

Four days after Veterans Affairs Secretary David Shulkin held a big Washington event to tout the Trump administration's promise to house all homeless vets, the agency did an about-face, telling advocates it was pulling resources from a major housing program. The VA said it was essentially ending a special \$460 million program that has dramatically reduced homelessness among chronically sick and vulnerable veterans. Instead, the money would go to local VA hospitals...

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1.4 - Daily Caller: [Veterans ID Card System Run By Hillary Donor Is Still Down](#) (6

December, Jonah Bennet, 12M online visitors/mo; Washington, DC)

The new veterans' ID card system, run by the former deputy secretary of veterans affairs, has experienced a litany of technical difficulties and is still offline. The Department of Veterans Affairs announced in October that it would begin issuing Veteran Identification Cards in November, so that veterans could prove they had served in the military without lugging along a cumbersome DD-214 form.

[Hyperlink to Above](#)

1.5 - Military Times: [House finalizes bill allowing more VA medical center investigations](#)

(6 December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

House lawmakers easily finalized legislation Wednesday to let Veterans Affairs officials more easily identify and react to problems with their own health care facilities, as part of a broader effort to encourage accountability among department workers. The legislation, dubbed the Enhancing Veteran Care Act, was passed by the Senate last month and by a 423-0 vote on Wednesday. It now heads to the White House to be signed into law.

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1.6 - Military Times: [Number of homeless vets rises for first time in seven years](#) (6

December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

The number of homeless veterans across America increased in 2017 for the first time in seven years, when government officials began their nationwide push to help impoverished former service members. The increase reflects estimates from last January, before President Donald Trump took office and any of his new housing policies were put in place.

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1.7 - Stars and Stripes: [Veterans advocates see progress in fight for caregiver benefits](#) (6

December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

Some veterans organizations on Wednesday urged lawmakers to pass legislative reforms for the Department of Veterans Affairs that include a mandate to expand caregiver benefits to veterans injured before 9/11 – a group that isn't eligible now. Disabled American Veterans, the American Legion, Veterans of Foreign Wars and Paralyzed Veterans of America went to the Capitol and presented lawmakers with a printed petition...

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2. [Greater Choice for Veterans](#)

2.1 - WFED (AM-1500): [The other year-end deadline lawmakers haven't solved](#) (6

December, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

Instead, it's the ticking time bomb that is the Veterans Choice Program, which the Veterans Affairs Department has said will run out of funding by the end of the calendar year. Congress has yet to find a permanent solution for the program, though several lawmakers have introduced legislation and some versions have cleared House and Senate VA Committees.

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2.2 - Modern Healthcare: [House lawmakers: VA Choice reform bill can wait until 2018](#) (6

December, Susannah Luthi, 460k online visitors/mo; Chicago, IL)

Congress may hold off on passing a Veterans' Affairs healthcare overhaul until funding for the current version of the VA Choice Program runs out. Earlier this year, lawmakers feared they were heading toward an early deadline to pass a funding extension when it appeared that program money was dwindling. Now that isn't the case, and House VA committee Chair Phil Roe (R-Tenn.) says the bill and the funding can wait until at least early 2018.

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3. [Modernize Our System](#)

3.1 - Healthcare Informatics: [Legislation to Modernize VA Health System Includes Telehealth Licensing Provision](#) (6 December, Heather Landi, 158k online visitors/mo; New York, NY)

U.S. Senators John McCain (R-Ariz.), chairman of the Senate Armed Services Committee, and Jerry Moran (R-Kan.), chairman of the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, introduced new legislation designed to modernize the Department of Veterans Affairs (VA) healthcare system and includes a provision that would allow physicians to practice telemedicine across state lines.

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3.2 - RevCycle Intelligence: [VA Next Gen Healthcare Supply Chain Program Needs Work, GAO Says - The VA's healthcare supply chain optimization project lacks an overarching strategy, stable staffing, and clinician input, a GAO investigation found.](#) (6 December, Jacqueline Belliveau, 54k online visitors/mo; Danvers, MA)

The Government Accountability Office (GAO) recently found several issues with the VA's implementation of a next generation healthcare supply chain management program. The federal watchdog argued the implementation process failed to follow best practices of leading hospital networks that successfully optimized their supply chains.

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[4. Focus Resources More Efficiently](#)

4.1 - Washington Examiner: [VA, Humane Society partner to help veterans](#) (6 December, Paul Bedard, 4.8M online visitors/mo; Washington, DC)

In the latest victory for the Humane Society of the United States, the Veterans Affairs Department has partnered to help war veterans by pairing them with homeless pets and encouraging them to volunteer at local shelters. "There are many benefits to pet ownership both for Veterans in need of companionship and for animals in need of good homes," said VA Secretary Dr. David J. Shulkin.

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4.2 - MS News Now: [Senator Roger Wickers Asks VA Secretary to review physician appeals system](#) (6 December, Maddie Wade, 611k online visitors/mo; Jackson, MS)

Mississippi Republican Senator Roger Wicker has sent a letter to VA Secretary David Shulkin urging him to review policy and laws regarding the removal of doctors who have been deemed clinically incompetent. The letter names Dr. Mohamed Eleraky at the Jackson VA Medical Center, a neurosurgeon who was fired in August 2016 and suspended from performing surgeries or seeing patients following a botched spinal fusion surgery in 2013.

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4.3 - WIBW (CBS-13): [Topeka VA hosting job fair Thursday to fill positions for new crisis call center](#) (6 December, Natalie Dattilio, 484k online visitors/mo; Topeka, KS)

Topeka will soon be one of only three cities in the U.S. with a crisis call line for veterans, and the VA has 140 jobs to fill. The crisis line handles calls from veterans who are contemplating suicide or harming themselves. Thursday, Dec. 7th, the Dept. of Veterans Affairs is hosting a

job fair at the Topeka VA campus auditorium from 10 a.m. to 6 p.m. to find the more than 100 vacancies created by the expansion of the Veterans Crisis Line (VCL) in Topeka.

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4.4 - Fierce Healthcare: [Special Report—2017's notorious healthcare CEOs include VA head who was fired twice](#) (6 December, Ilene MacDonald, 141k online visitors/mo;

Washington, DC)

They are supposed to inspire confidence and set an example for employees and staff to work at the top of their games. But some healthcare leaders—even those who initially showed promise—fail miserably at this mission, generating bad publicity and tarnishing their reputations, as well as the standing of the organization.

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4.5 - Neshoba Democrat: [Tribe signs MOU with VA for housing loans](#) (6 December, Debbie Burt Myers, 17k ovm; Philadelphia, MS)

A memorandum of understanding, which will make the process of applying for a Veterans Affairs home loan easier for eligible Native American veterans, active-duty military and their spouses on federal trust land, was signed last week by the Mississippi Band of Choctaw Indians and the U.S. Department of Veterans Affairs.

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5. [Improve Timeliness of Service](#)

5.1 - Military Times: [Veterans advocates rally at US Capitol for expanded caregiver benefits](#) (6 December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

When Coast Guard rescue swimmer Dave Riley lost all four limbs to a rare bacteria in 1997, his wife, Yvonne, gave up her career and freedom to become his full-time caregiver. He said he wouldn't be able to survive without her help, even for everyday tasks like eating, putting on his prosthetics and traveling outside the home.

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5.2 - KJZZ (NPR-91.5, Audio): [VA Study Links Veterans' Rare Cancer To Parasite From Raw Fish](#) (6 December, Steve Goldstein, 168k online visitors/mo; Tempe, AZ)

Vietnam veterans have struggled to deal with PTSD and other health challenges in the nearly 50 years since they served overseas. Following the results of a Department of Veterans Affairs study, a link between cases of a rare bile duct cancer and a parasite that gets into the body via raw or undercooked fish may have been found.

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5.3 - KWQC (NBC-6, Video): [Family of man who died after surgeries at the Iowa City VA Hospital want answers](#) (6 December, Jenna Jackson, 163k ovm; Davenport, IA)

Richard Hopkins was a normal man. He worked as a farmhand, wore overalls, and was incredibly smart. He was also a veteran, serving the United States Army from 1971-1973 in Germany as a tank mechanic. Earlier this year, he went to the Iowa City Veterans Affairs Hospital for a MRI. They found a brain tumor. It was benign but surgery was needed. Following

surgery, he spent a month in the ICU. Many complications led to an infection covering his entire brain.

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5.4 - News-Review: [VA spreads Christmas cheer](#) (5 December, 160k online visitors/mo; Roseburg, OR)

Roseburg Veterans Affairs Medical Center employees took the time this holiday season to make Christmas a bit more jolly for children in need. On Tuesday, the VA delivered gifts for 193 children selected by the Department of Human Services. VA spokesman Shanon Goodwin said it's a project VA employees take on every year. They chose gift recipients from a stack of wish lists created by DHS case workers...

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5.5 - North Country Public Radio: [Without an honorable discharge, mental health options are limited](#) (6 December, Carson Frame, 144k online visitors/mo; Canton, NY)

Last month's mass shooting at a Texas church has raised questions of whether the military does enough to help former service members with bad conduct discharges. They're not eligible for veterans' mental health care. When service members separate from the military, their futures depend on something called a characterization of service.

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5.6 - Patient EngagementHIT: [Proposed VA Bill May Expand Patient Care Access, Community Health - Senators have introduced a new bill that would expand veteran patient care access through community health. The VA has also implement programs to support community health.](#) (6 December, Sara Heath, 21k online visitors/mo; Danvers, MA)

Senator John McCain, Chairman of the Senate Armed Services Committee, and Senator Jerry Moran, Chairman of the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, have introduced the Veterans Community Care and Access Act (S. 2148) that will help improve veteran patient access to care.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Hill: [VA slashes program that helps homeless veterans obtain housing: report](#) (6 December, Brandon Carter, 11.8M online visitors/mo; Washington, DC)

The Department of Veterans Affairs is slashing funding for a key program that helps provide housing to homeless veterans, according to a new report. Politico reports the VA told advocates and state officials in a call last week that the \$460 million program would essentially end. VA Secretary David Shulkin reportedly told those on the call that the money for the program would now go to VA hospitals for use as they see fit.

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7.2 - Patriot-News: [Vets now have free shuttle service options to VA Medical Center](#) (6 December, Barbara Miller, 3.1M online visitors/mo; Mechanicsburg, PA)

In Cumberland County, the new bus service is provided on weekdays through Rabbittransit. It transports veterans from the VA outpatient clinic in Camp Hill to the Lebanon VA, and it will move to the new veterans clinic in Mechanicsburg when it opens. Vets also have transportation to the Camp Hill clinic.

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7.3 - Military Times: [VA reverses course, won't alter homeless program funding](#) (6 December, Leo Shane III, 2.1M ovm; Springfield, VA)

Veterans Affairs officials on Wednesday reversed course on plans to dramatically alter how funding for homeless veterans programs is handled, promising “absolutely no change in the funding” until fiscal 2019. In recent weeks, veterans advocates had been upset over plans from department leaders to shift funding previously restricted to homeless housing vouchers...

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7.4 - WBUR (NPR-90.9, American Homefront Project, Audio): [Making VA Health Care More Welcoming To Female Veterans](#) (6 December, Libby Denkmann, 1.1M online visitors/mo; Boston, MA)

Research shows women veterans don't use VA health care at the same rate as men, and many report delayed or unmet health needs. A group of nonprofits is testing a new program in Los Angeles meant to overcome the barriers that keep female veterans from seeking help.

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7.5 - WFTS (ABC-28, Video): [Christmas wreaths needed for Bay Pines National Cemetery](#) (6 December, Jillian Ramos, 842k online visitors/mo; Tampa, FL)

Volunteers and donations are needed for a wreath laying ceremony at Bay Pines National Cemetery. Wreaths Across America needs 34,000 wreaths by the ceremony on December 16th. As of right now, they only have 1,829, just 5% of their goal. Wreaths can be purchased through the organization for \$15 but donations can also be made in any amount.

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7.6 - WIBW (CBS-13, Video): [New homeless veterans report shows overall decrease in KS](#) (6 December, Erika Hall, 484k online visitors/mo; Topeka, KS)

New numbers from the U.S. Department of Housing and Urban Development show homelessness crept up 1.4 percent in Kansas since last year. There's good news, though in the number of veterans who are homeless, it's down nearly 70 percent from 2010. V.A. housekeeping aid Bill Hunter was once a homeless veteran, now he uses elbow grease to keep the halls clean at the center.

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7.7 - Housing Wire (Video): [HUD report reveals severe shortage of affordable housing increases homelessness - About 553,742 people homeless on any given night](#) (6 December, Kelsey Ramirez, 438k online visitors/mo; Irving, TX)

Homelessness increased in the U.S. in 2017, according to the 2017 Annual Homeless Assessment Report to Congress released by the U.S. Department of Housing and Urban

Development. Can the housing shortage be to blame? On any given night, an average of 553,742 people are without a home in the U.S., an increase of 0.7% from last year.

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7.8 - WWSB (ABC-7, Video): [Sarasota National Cemetery reaches goal for holiday wreaths](#) (6 December, 195k online visitors/mo; Sarasota, FL)

Sarasota National Cemetery has raised enough money to make sure every gravestone has a holiday wreath. The Sarasota Military Academy has been working for weeks to help raise the money and their hard work has paid off. The cemetery reached their goal of raising enough money to purchase 12,000 wreaths for each gravestone.

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7.9 - The M Report: [HUD Secretary Vows to "Ease the Pressure" of Homelessness](#) (6 December, Nicole Casperson, 20k online visitors/mo; Dallas, TX)

On a single night, 553,742 people experience homelessness in the U.S. According to the latest national estimate by the Department of Housing and Urban Development (HUD) 2017 Annual Homeless Assessment Report to Congress, this number represents an increase of .7 percent since last year.

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7.10 - Lake County News-Sun: ['His one true love': Vietnam veteran's last wish to broadcast on ham radio fulfilled](#) (6 December, Frank Abderholden, 7k online visitors/mo; Chicago, IL)

For Vietnam veteran John Nugent, who served in the U.S. Army Signal Corps, coming home to Newburgh, N.Y., meant some isolation, according to his son Chris, but his love of ham radio allowed him to reach out to other people throughout the world. "It was tough for him. The radio made him feel comfortable, and helped with his transition," Chris Nugent said.

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8. [Other](#)

8.1 - WBFO (NPR-88.7): [Holland couple sentenced for defrauding disability out of \\$1.2M](#) (6 December, Marian Hetherly, 1.9k online visitors/day; Buffalo, NY)

A Holland couple who stole more than \$1.2 million in Veterans Affairs and workers compensation benefits have been sentenced by U.S. District Court Judge Richard Arcara. The U.S. Attorney's Office says Richard Klaffka, 59, was sentenced to 32 months in prison, while his wife - Cathleen Klaffka, 62 - was sentenced to three years probation. Both were also ordered to pay restitution: \$922,137 to the VA and \$315,290 to the Department of Labor.

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1. [Top Stories](#)

1.1 - Washington Post (AP): [Shulkin urges emergency aid for VA private health care soon](#)
(6 December, Hope Yen, 43.9M online visitors/mo; Washington, DC)

WASHINGTON — In a fresh warning, Veterans Affairs Secretary David Shulkin said Wednesday there could potentially be delays in providing medical care to tens of thousands of veterans if lawmakers don't act soon to approve billions in emergency funding for the ailing private-sector Choice program.

In a statement, Shulkin said he was heartened by several congressional bills that would provide longer-term fixes to the Department of Veterans Affairs program by giving veterans wider freedom to see private doctors at taxpayers' expense. But pointing to the lack of a clear consensus so far, Shulkin made clear he would be "open" to emergency short-term funding from Congress for now "to ensure our veterans receive uninterrupted care."

"As we have made clear for many months, Congress needs to pass a bill this year," Shulkin said.

His statement comes as lawmakers wrestle over legislation that would overhaul Choice, amid the threat of a government shutdown over the federal budget and disagreements over cost and how much access veterans should have to private doctors.

The Senate Veterans Affairs Committee last week passed a \$54 billion bipartisan plan over five years to revamp Choice, which provides \$4 billion in emergency short-term funding for Choice and other VA programs for 2018 and also expands a popular caregivers program. But the measure faces some resistance from Republican Sens. John McCain of Arizona and Jerry Moran of Kansas, who are co-sponsoring a separate bill intended to give added access to private care "rather than relying on the VA bureaucracy to determine eligibility criteria."

The House Veterans Affairs Committee, led by Rep. Phil Roe, R-Tenn., meanwhile, has yet to reach agreement on how to pay for the \$39 billion cost of its long-term proposal to revamp Choice. Republicans have proposed \$2.1 billion in emergency short-term funding for Choice in a separate bill that would also establish a presidential commission to review VA facilities for possible closure, which is opposed by Democrats.

"At this time, the committee is working with the department to review the Choice account and determine when that account will need additional funding," said Tiffany Haverly, Roe's spokeswoman.

In September, the VA warned that Choice could run out of money sooner than expected in late December or early January, even after Congress approved \$2.1 billion in emergency funding in August that was intended to last until February. Earlier this year, it began limiting referrals to outside doctors in July when money first began to run low and veterans reported delays in care.

The Choice program currently allows veterans to see private doctors if they must wait more than 30 days for an appointment or travel more than 40 miles to a VA facility. President Donald

Trump has pledged to triple the number of veterans “seeing the doctor of their choice,” raising concerns among major veterans’ groups about “privatization” of VA care.

More than 30 percent of VA appointments are currently made in the private sector.

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1.2 - Washington Post: [VA tried to reallocate \\$460 million earmarked for homeless veterans. Now it says that won't happen.](#) (6 December, Emily Wax-Thibodeaux, 43.9M online visitors/mo; Washington, DC)

The Department of Veterans Affairs appears to be backtracking on its divisive plan to reallocate nearly a half-billion dollars from a successful program to reduce homelessness among former military personnel, bowing to pressure from lawmakers and advocacy groups who criticized the effort as cruel and counterproductive.

The about-face, announced in a statement Wednesday night from VA Secretary David Shulkin, followed a Washington Post inquiry about the Trump administration’s effort to divert the funding — totaling \$460 million — instead to local VA hospitals for discretionary use. As Politico first reported, that money had been set aside specifically for a voucher program, run by VA and the Department of Housing and Urban Development, that provides long-term living accommodations for the country’s most vulnerable military veterans, many of whom suffer from mental illness.

“There will be absolutely no change in the funding to support our homeless programs,” Shulkin’s statement said. “... Over the next six months, I will solicit input from our local VA leaders and external stakeholders on how best to target our funding to the geographical areas that need it most. Based on that input we will come forward with proposals for fiscal year 2019 on how to improve the targeting of our homeless program funding.”

The announcement also follows an emotional “emergency” phone call that VA leaders had Dec. 1 with Housing and Urban Development Assistant Secretary Neal Rackleff and 150 veterans advocates. The group complained that shifting resources, as detailed in an internal VA memo distributed this fall, “would drastically undercut what was a real success story,” said Elisha Harig-Blaine, a leader with the nonprofit National League of Cities who was on the call.

“It’s just unconscionable to take this action without consulting HUD or the many mayors who have been working so hard on this,” Harig-Blaine said. “The former troops who used these vouchers are the most likely to die on American streets.”

Shulkin faced additional pressure from the Senate Appropriations subcommittee on military construction, veterans affairs and related agencies. All 14 members signed a strongly worded letter, dated Nov. 7, urging VA to reconsider its decision — a rare demonstration of bipartisan unity. “The shift,” lawmakers warned, “could have tremendous unintended consequences.”

Sen. Patty Murray (D-Wash.), a member of the subcommittee, called the move “mean-spirited and wrong.”

Since 2008, about 138,000 homeless veterans found permanent housing because of this program, known as HUD-VASH, according to government data. And since 2009, veteran

homelessness has been down by about 45 percent, progress that many have attributed to President Barack Obama's pledge to boost funding targeting the problem.

On Wednesday, HUD announced that between 2016 and 2017, the number of homeless veterans rose 2 percent, or by about 600 people, the first increase since 2010. Many live on the West Coast, where rents have soared faster than incomes, HUD officials said.

Curt Cashour, a VA spokesman, said earlier Wednesday that allowing local hospitals to use these funds as they wished was "about strengthening the ability of local VA leaders, who know their neighborhoods and Veterans best, to serve Veterans locally."

"While some may think Washington bureaucrats are more qualified to make decisions about local VA issues than local VA leaders," he added, "we wholeheartedly disagree."

The funding uncertainty has created problems for veterans advocates like Leon Winston, chief operating officer for Swords To Plowshares, a nonprofit in Northern California. He had been seeking funds for 100 HUD-VASH vouchers but was able to secure only 50.

"The human impact is that 50 fewer vets in San Francisco will be able to get vouchers through HUD-VASH and, well, it sucks," Winston said. "There was a big effort to end homelessness, and this indicates we as a nation are taking our foot off the gas pedal."

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1.3 - Politico: [VA cuts program for homeless vets after touting Trump's commitment](#) (6 December, Arthur Allen and Lorraine Woellert, 23.9M online visitors/mo; Washington, DC)

Four days after Veterans Affairs Secretary David Shulkin held a big Washington event to tout the Trump administration's promise to house all homeless vets, the agency did an about-face, telling advocates it was pulling resources from a major housing program.

The VA said it was essentially ending a special \$460 million program that has dramatically reduced homelessness among chronically sick and vulnerable veterans. Instead, the money would go to local VA hospitals that can use it as they like, as long as they show evidence of dealing with homelessness.

Anger exploded on a Dec. 1 call that was arranged by Shulkin's Advisory Committee on Homeless Veterans to explain the move. Advocates for veterans, state officials and even officials from HUD, which co-sponsors the program, attacked the decision, according to five people who were on the call.

"I don't understand why you are pulling the rug out," Elisha Harig-Blaine, a National League of Cities housing official who was on the call, said in an interview afterward. "You're putting at risk the lives of men and women who've served this country."

"The VA is taking its foot off the pedal," said Leon Winston, an executive at Swords to Plowshares, which helps homeless vets in San Francisco, where he said the VA decision is already having an impact. HUD recently put up 100 housing vouchers for veterans in the program, but the local VA hospital said it could only provide support for 50.

The agency's move came as HUD on Wednesday released its annual survey showing a 1.5 percent increase in veteran homelessness over 2016 — the first rise since 2010. Most of the jump occurred in Los Angeles, where housing costs are skyrocketing.

Sen. Patty Murray (D-Wash.), who sits on a veterans' affairs subcommittee, called the VA decision "a new low" for the Trump administration that was "especially callous and perplexing" in view of the latest data on homelessness.

In a statement late Wednesday, Shulkin insisted that overall funding for veteran homelessness was not being cut, and seemed to suggest he might reverse the decision. He promised to get input from local VA leaders and others "on how best to target our funding to the geographical areas that need it most."

HUD data show there were nearly 40,000 homeless veterans in 2016, and even those with housing still need assistance. The program has reduced the number of displaced servicemembers, serving 138,000 since 2010 and cut the number without housing on a given day by almost half. More than half the veterans housed are chronically ill, mentally ill or have substance abuse problems.

They can easily lose their housing again and need VA case managers to mediate with landlords, pay bills, and help them access the agency's services and jobs, said Matt Leslie, who runs the housing program for the Virginia Department of Veterans Services.

"The people in this program are the most vulnerable individuals," Leslie said. "If someone's going to die on the streets, they are the ones."

VA officials briefed congressional staff on Tuesday about the decision — which was buried in a September circular without prior consultation with HUD or veterans' groups, according to advocates.

Agency spokesman Curtis Cashour said the move gives VA medical centers more flexibility. "VA has a responsibility to ensure resources go where they best align with veterans' needs," he said. "This move gives control and management of resources to local VA facilities, [which] know their communities and the veterans they serve better than anyone else."

The decision affects \$265 million immediately and would divert \$195 million more under the VA's 2018 budget. Under the program, HUD offers housing vouchers for veterans, and the VA provides case management — finding them apartments and making sure they stay there. Officials said it was possible that some of the vouchers could still be assigned, with the help of city or federal housing officials.

Carolyn Clancy, acting undersecretary for health, said the VA was moving forward to distribute money from the program to medical centers.

The Dec. 1 call came four days after Shulkin, appearing at a Washington shelter with HUD Secretary Ben Carson, announced that President Donald Trump was committed to continued reductions in veterans' homelessness and was increasing funding in the area.

Shulkin and Carson promised to help every veteran find a home.

When asked about the administration's budget, which includes no additional vouchers for the hard-case veterans, Carson said HUD had "excess vouchers. When we use those, we'll look for more," he said.

"The old paradigm of dumping money on problems doesn't work," Carson added.

Some communities have excess vouchers, but many more don't have enough, said Harig-Blaine, who is also a member of Shulkin's advisory committee. Even in cities where there are excess vouchers, they exist only because the voucher community can't compete with private market rents, he said — not because there aren't homeless veterans there.

All 14 members of the Senate Appropriations Military Construction-VA Subcommittee, including Murray, asked the VA to reconsider its decision, but apparently the letter had no effect.

"It will take a congressional fix at this point," Harig-Blaine said.

Advocates said cuts to the program were doubly foolish because the chronically homeless veterans it serves typically cost cities and the health care system hundreds of thousands of dollars for emergency room visits, ambulance runs and jailings that could be avoided if the veterans were reasonably sheltered.

"These are the kinds of veterans it deals with," said Kathryn Monet, CEO of the National Coalition for Homeless Veterans.

Renuka Rayasam contributed to this report.

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1.4 - Daily Caller: [Veterans ID Card System Run By Hillary Donor Is Still Down](#) (6 December, Jonah Bennet, 12M online visitors/mo; Washington, DC)

The new veterans' ID card system, run by the former deputy secretary of veterans affairs, has experienced a litany of technical difficulties and is still offline.

The Department of Veterans Affairs announced in October that it would begin issuing Veteran Identification Cards in November, so that veterans could prove they had served in the military without lugging along a cumbersome DD-214 form. Once the application goes through, honorably discharged veterans are supposed to receive the ID card within 60 days.

However, the roll-out of the system, led by Scott Blackburn, the executive in charge for information and technology, has been fraught with issues. The application form opened on Nov. 29 and promptly crashed. It now features a message stating that the VA is working to fix the problem.

At this point, the VA has temporarily suspended all applications.

"We are aware some Veterans have experienced issues with the application process, but leaders of VA's Office of Information and Technology are actively engaged in fixing them," VA Press Secretary Curt Cashour told The Daily Caller News Foundation.

“Still, many Veterans have successfully registered for the card since the program was announced, and we are excited finally to begin providing this resource to Veterans, fulfilling a promise that was made to them more than two years ago under the previous Administration,” Cashour added.

TheDCNF reported in May that Blackburn had donated \$500 to Hillary Clinton’s 2016 presidential campaign. Blackburn made the donation four months after Clinton stated that problems at the VA were not “as widespread as it has been made out to be” and blamed Republicans for politicizing the issue. Clinton’s campaign quickly backtracked on the claim after withering criticism. Before he was the executive in charge for information and technology, Blackburn served as the interim deputy secretary. He first joined the VA in 2014.

Congress passed legislation in 2015, mandating that the VA produce these ID cards, so that veterans could easily prove to businesses and others that they had in fact served in the military.

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1.5 - Military Times: [House finalizes bill allowing more VA medical center investigations](#) (6 December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

WASHINGTON — House lawmakers easily finalized legislation Wednesday to let Veterans Affairs officials more easily identify and react to problems with their own health care facilities, as part of a broader effort to encourage accountability among department workers.

The legislation, dubbed the Enhancing Veteran Care Act, was passed by the Senate last month and by a 423-0 vote on Wednesday. It now heads to the White House to be signed into law.

It allows VA regional directors to contract with accredited nonprofits to investigate their medical centers, uncovering inefficiencies and mistakes that require correction. Supporters framed the measure as a chance for VA officials to more quickly react to problems in their own operations, instead of waiting for lengthy investigations by the department’s inspector general.

Bill sponsor Jim Inhofe, R-Okla., said last month after the Senate’s passage of the measure that the move will allow VA facilities to be “held to the highest standards” of federal and private sector expectations.

“Medical center directors should have the permanent authority to request outside oversight to get help improving their facilities,” he said.

Under the bill, findings from any outside audits must be coordinated with the department’s inspector general and Government Accountability Office leaders, to ensure transparency.

In recent years, both Republicans and Democrats in Congress have criticized the slow pace of reforms at VA, and supported a series of accountability measures aimed at making it easier to dismiss employees for criminal actions and incompetence.

The new measure gives regional officials the chance to try and stave off similar criticism in the future, by proactively looking for problems before they turn into larger scandals. House Veterans’ Affairs Committee Chairman Phil Roe, R-Tenn., called it an important tool in improving the department.

“We are familiar with the challenges and scandals that have plagued the VA system since 2014,” Roe said Tuesday, in advance of the House vote. “(This legislation) would provide the VA an additional avenue to identify and resolve problems in the care our veterans receive.”

President Donald Trump is expected to sign the measure into law. If he does, it will be the seventh significant veterans-themed policy change so far this year, making it one of the few areas of bipartisan progress in a politically divided Congress.

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1.6 - Military Times: [Number of homeless vets rises for first time in seven years](#) (6 December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

The number of homeless veterans across America increased in 2017 for the first time in seven years, when government officials began their nationwide push to help impoverished former service members.

The increase reflects estimates from last January, before President Donald Trump took office and any of his new housing policies were put in place. The annual point-in-time count from Housing and Urban Development officials found roughly 40,000 homeless veterans at that time, an increase of nearly 600 individuals from the same mark in 2016.

It's the first setback for efforts to help homeless veterans since 2010, when then-President Barack Obama made a public pledge to “end veterans’ homelessness.”

The effort was paired with big boosts in funding for community intervention programs at both VA and HUD and saw some immediate results. The estimated number of homeless veterans dropped from more than 74,000 individuals in 2010 to fewer than 40,000 in 2016.

But in June, VA Secretary David Shulkin said he no longer saw the previous goal of zero homeless veterans as a realistic target for his department.

“I think what we learned in this situation is that being able to reach zero is not necessarily the right number,” Shulkin told Military Times. “There is going to be a functional zero, essentially somewhere around 12,000 to 15,000 that despite being offered options for housing and getting them off the street, there are a number of reasons why people may not choose to do that.”

The slight increase in veterans’ homelessness matches national trends. HUD officials said that for the first time since 2010, the overall homeless population increased in America, up about 1 percent from 2016 levels to nearly 554,000 homeless people.

And, similar to the national numbers, most of the increases in the veterans homeless population came from the West Coast. California and Oregon combined saw a rise of nearly 2,500 new homeless veterans.

Meanwhile, the southeast of the country — Alabama, South Carolina, Georgia and Florida — saw a decrease of almost 800 homeless veterans.

Of the 40,000 homeless veterans, almost 25,000 of them are living in temporary facilities. But that leaves more than 15,000 without any reliable shelter.

The impact of Trump administration policies on those numbers won't be seen until late next year, when details of the January 2018 HUD point-in-time count are released.

But in recent months, homeless advocates have expressed concerns with VA plans to convert funds dedicated to outreach and assistance efforts to general purpose money, with broader authority for regional directors over how to use it.

In a letter to Shulkin in October, officials from the National Coalition of Homeless Veterans said they objected to "any conversion of special purpose homeless program funding for any purpose," calling it potentially "catastrophic" to progress made in recent years by siphoning money away from homeless priorities.

But VA spokesman Curt Cashour said the goal of that move is designed to give local officials more flexibility.

"VA intends to realign funding from a number of programs, including our permanent supportive housing program (grants)," he said. "These programs are currently managed at VA central office in Washington, D.C., and this move gives control and management of resources to local VA facilities."

"We have heard from many of our facility directors that they know their communities and the veterans they serve better than anyone else, and we agree."

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1.7 - Stars and Stripes: [Veterans advocates see progress in fight for caregiver benefits](#) (6 December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

Some veterans organizations on Wednesday urged lawmakers to pass legislative reforms for the Department of Veterans Affairs that include a mandate to expand caregiver benefits to veterans injured before 9/11 – a group that isn't eligible now.

Disabled American Veterans, the American Legion, Veterans of Foreign Wars and Paralyzed Veterans of America went to the Capitol and presented lawmakers with a printed petition, which stood several feet high and contained more than 182,000 signatures from people supportive of the expansion.

"We now maybe see a finish line, but it has to get done," said Carl Blake, interim director of Paralyzed Veterans of America. "It's not acceptable to wrangle over this any longer. Get it done. That's our call to the Senate and the House."

Benefits such as monthly stipends, health insurance and medical training to family caregivers and access to home health aides is now available only to post-9/11 veterans through a caregiver program implemented in 2010.

An expansion of the benefits to all veterans is tucked inside a larger, \$54 billion Senate bill to overhaul the VA Choice program, which regulates when veterans can go into the private sector for medical treatment.

Under the bill – titled the Caring for our Veterans Act of 2017 – caregiver benefits would become immediately available to veterans injured before May 7, 1975. Two years after the bill is enacted, veterans injured between 1975 and 2001 would be eligible.

Carl Blake, interim director of Paralyzed Veterans of America, attends a briefing at the Capitol in Washington, D.C., on Wednesday, Dec. 6, 2017, as veterans groups and lawmakers urged Congress to pass legislation that would expand benefits to veterans' caregivers. "It's not acceptable to wrangle over this any longer. Get it done. That's our call to the Senate and the House," said Blake.

The Congressional Budget Office estimated the expansion would cost \$3.4 billion for five years.

The Senate Veterans' Affairs Committee advanced the bill to the Senate floor last week.

Lawmakers present Wednesday celebrated the inclusion of the expansion into the larger bill but acknowledged the debate wasn't over. It's uncertain when Senate leaders might schedule a vote on the bill. And while the expansion is part of one Senate bill, it's not included in two other bills under consideration to reform the Choice program.

"We have hundreds of thousands of veterans and caregivers weighing in. We cannot rest easy until our efforts to expand support for caregivers comes to fruition," said Sen. Jon Tester, D-Mont., the ranking Democrat on the Senate Veterans' Affairs Committee. "Republicans, Democrats and Independents must continue to work together to get this legislation signed into law."

VA Secretary David Shulkin asked lawmakers Wednesday to reach a consensus on Choice reform in the remaining seven days before Congress recesses Dec. 15.

"While a limited number of legislative days remain on the calendar, we are hopeful that both the Senate and House can reach agreement on a bill before the end of the session," Shulkin said in a written statement. "As we have made clear for many months, Congress needs to pass a bill this year to help our veterans get the care they need."

Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans' Affairs, said cost would be a sticking point in House negotiations and indicated the debate in that chamber might not occur until 2018.

"We need to make the case of why we need to pay for this," he said. "I think we all know we need to get through the end of the year and then come back and figure out where that's going to come from."

Walz went on to say that he took the message from veterans organizations Wednesday as a "mission order."

"It does have to be done," he said. "There's a gratefulness that in 2010 we got support for post-9/11 veterans, but I get calls every day of, 'Why not us?'"

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2. Greater Choice for Veterans

2.1 - WFED (AM-1500): [The other year-end deadline lawmakers haven't solved](#) (6 December, Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

Lawmakers are up against another year-end deadline that's flying a bit under the radar.

It's not the congressional push to find a compromise on government spending before the current continuing resolution expires Dec. 8. It's not Republicans' desire to pass a comprehensive tax bill by the end of 2017.

Instead, it's the ticking time bomb that is the Veterans Choice Program, which the Veterans Affairs Department has said will run out of funding by the end of the calendar year. Congress has yet to find a permanent solution for the program, though several lawmakers have introduced legislation and some versions have cleared House and Senate VA Committees.

With the deadline nearing, VA issued another warning Wednesday and urged Congress to find a solution — any solution — soon.

"While a limited number of legislative days remain on the calendar, we are hopeful that both the Senate and House can reach agreement on a bill before the end of the session," VA Secretary David Shulkin said in a statement Wednesday. "To ensure our veterans receive uninterrupted care, we are open to a short term, very limited extension of funding for the existing program to allow sufficient time for a final agreement to come together."

Here's a roundup of several Veterans Choice bills and where they stand. Many of the options contain several of the VA's own proposals, which Shulkin detailed in October in introducing the Veterans Coordinated Access and Rewarding Experiences (CARE) Act.

Caring for Our Veterans Act

The Senate VA Committee passed the Caring for Our Veterans Act last week with a 14-1 vote.

Both committee Chairman Johnny Isakson (R-Ga.) and Ranking Member Jon Tester (D-Mont.) introduced the legislation. It eliminates the 30-day, 40-mile requirements veterans must currently meet to be eligible for community care.

The bill designates \$1 billion to VA for departmental care and \$3 billion for community care programs. Specifically, it authorizes the department to coordinate care plans for veterans. The bill authorizes community care if VA doesn't offer the service or type of care the veteran needs, or if the veterans and his or her VA provider decide together that community care is the best option.

Most notably, the bill expands benefits to veterans caregivers of all eras, a move that many veterans service organizations and some lawmakers have been strongly advocating.

“Get this done,” Carl Blake, associate executive director for Paralyzed Veterans of America, said during a press conference on the legislation Wednesday afternoon. “It’s not acceptable to continue to wrangle over this about the difficulties of why we can’t get this done.”

The legislation also guides VA on setting quality standards for the department’s facilities, and it includes other requirements for VA to more promptly pay its providers.

But funding for the legislation remains the big unanswered question. The Congressional Budget Office gave an initial score of roughly \$54 billion over five years.

“It’s no secret that this is one of the struggles we have with things,” Rep. Tim Walz (D-Minn.), House VA Committee ranking member, said Wednesday. “This is the case of going out and making sure the public knows they want this done. We need to make the case of why we need to be able to pay for this, and we need to figure out how to do that. I don’t take light of that, but we’ve tackled some of these tough things. ... I’m not going to make it partisan, but we’re talking about a tax cut and we’re telling us we can’t pay for the caregivers who [take care] of someone?”

Veterans Community Care and Access Act

Sen. Jerry Moran (R-Kan.), the lone member of the Senate VA Committee who voted against the Caring for Our Veterans Act, and Senate Armed Services Committee Chairman John McCain (R-Ariz.) recently threw another legislative option into the ring.

Both senators have introduced the Veterans Community Care and Access Act, which gives veterans more leeway to decide where they would like to receive care.

The legislation consolidates all community care programs into one, and it requires VA to develop specific eligibility requirements where veterans could access primary, specialty, urgent, behavioral health and other types of care.

VA Care in the Community Act

Meanwhile in the House, Veterans Affairs Committee Chairman Phil Roe (R-Tenn.) and Walz, along with every other member of the committee, co-sponsored the VA Care in the Community Act back in November.

The House bill closely resembles VA’s own proposal and in some cases, a few Senate options. It would also consolidate all VA’s community care programs into one, with the department taking the lead to integrate and coordinate veterans’ care experiences.

In addition, the House legislation would forbid the use of separate VA community care cards.

VA Asset and Infrastructure Review Act

In addition, Roe included an additional \$2.1 billion to fund the Veterans Choice Program through fiscal 2018 in a bill originally designed to spark a comprehensive asset realignment process.

The Veterans Affairs Asset and Infrastructure Review (AIR) Act passed the House committee and was scheduled for a House Rules Committee hearing last month, but the bill hit a snag.

Though Democrats on the House Veterans Affairs Committee criticized the push to move forward on asset review before finding a compromise on the future of the VA Choice Program, their dissent isn't the reason for the holdup.

Instead, a little-known law Congress passed last year is giving veterans groups and lawmakers their latest headache.

The House already passed the Federal Assets Sale and Transfer Act last year, which establishes a governmentwide Public Buildings Reform board to review agencies' vacant, underused or outdated facilities.

Under the asset sale act, the board is supposed to make recommendations to the Office of Management and Budget, which will eventually develop a governmentwide plan to dispose, sell or transfer unneeded federal property.

But the VA "AIR" bill conflicts with the premise of the Federal Assets Sale and Transfer Act, which already authorized a governmentwide review of federal property.

The VA committee is working with the House Transportation and Infrastructure Committee, which originally sponsored the Federal Assets Sale and Transfer Act last year. Roe specifically is working with members to find a solution and a path forward for the VA bill, a committee spokeswoman said.

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2.2 - Modern Healthcare: [House lawmakers: VA Choice reform bill can wait until 2018](#) (6 December, Susannah Luthi, 460k online visitors/mo; Chicago, IL)

Congress may hold off on passing a Veterans' Affairs healthcare overhaul until funding for the current version of the VA Choice Program runs out.

Earlier this year, lawmakers feared they were heading toward an early deadline to pass a funding extension when it appeared that program money was dwindling. Now that isn't the case, and House VA committee Chair Phil Roe (R-Tenn.) says the bill and the funding can wait until at least early 2018.

While he concedes that the VA needs "certainty and finality" of new legislation paired with appropriate funding, Roe says he wants to wait for the spending caps to lift before he tries to move the bill so he knows how much money he has to work with.

Roe and his committee passed one version of the Choice overhaul, with a price tag estimated at about \$39 billion over five years by the Congressional Budget Office; the Senate Committee on Veterans' Affairs passed another, which would cost about \$54 billion over five years per CBO. The two bills, which a Senate committee aide calls "two entirely different policies" would have to be reconciled between the two chambers before a vote could happen.

The House bill would merge all the community provider programs into one and expand veterans' access; both the House and Senate bill would make sure private providers get promptly reimbursed.

A senior GOP Senate aide said the legislation is on leadership's to-do list for the end of the year, but didn't have guidance on whether it would get slated for a floor vote among the myriad other must-pass bills that include a debt ceiling raise.

Roe is focused on the cost of the legislation. He says he thinks the CBO estimate of the House version — which is much lower than the Senate version — is too high based on the program's actual monthly spending. He also has a vision for transforming the private sector's role in the program into something resembling Medicare Advantage.

His health subcommittee chair, Rep. Brad Westrup (R-Ohio), said that while he isn't advocating to privatize the VA's healthcare, he wants long-term reforms to push more private care where it's easier to track actual costs and savings.

The House and Senate bills do agree on the funding mechanism. Both would change the program's appropriation from a mix of mandatory and discretionary to purely a discretionary appropriation. This could spell trouble down the road for continuity of care if it gets caught in congressional budget battles — something lawmakers say won't happen because of the commitment to veterans — because Congress would have to agree to a spending deal every few years.

Both bills also address payment issues for the private providers who contract with the program.

Since Choice was enacted, community providers including hospitals have received late and deeply reduced payments as reimbursements were managed by third-party intermediaries, according to an American Hospital Association representative. Both versions of legislation put the payment responsibility directly in the hands of the VA secretary with a strict reimbursement schedule.

The third-party contractors often undercut provider reimbursements, the AHA representative said, since they get the difference between the final reimbursement and rate paid out by the VA.

More and more vets are opting for the VA Choice program: As this is likely to continue with expanded access, the reimbursement issue becomes more key, the official said.

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3. Modernize Our System

3.1 - Healthcare Informatics: [Legislation to Modernize VA Health System Includes Telehealth Licensing Provision](#) (6 December, Heather Landi, 158k online visitors/mo; New York, NY)

U.S. Senators John McCain (R-Ariz.), chairman of the Senate Armed Services Committee, and Jerry Moran (R-Kan.), chairman of the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, introduced new legislation designed to modernize the Department of Veterans Affairs (VA) healthcare system and includes a provision that would allow physicians to practice telemedicine across state lines.

The Veterans Community Care and Access Act of 2017 (S. 2184) would better integrate VA services and existing VA community care programs, such as the Veterans Choice Program, into an efficient and high-performing healthcare system, the Senators wrote in a press release.

This legislation would ensure that veterans are the primary decision-makers concerning when and where they receive care. In addition, the bill would require the VA to use objective data on healthcare demand to set standards for access and quality, and to identify and bridge gaps in veterans' care – whether in VA or community facilities. Importantly, the bill would ensure the VA promptly pays community providers, offers access to walk-in clinics, offers telemedicine, increases graduate medical education and residency positions for employees, and improves its collaboration with community providers and other federal agencies.

Specifically, a section of the bill would expand authority for VA health care professionals to practice in any state, including by telemedicine, notwithstanding the location of the health care provider or the patient. This section would specifically invoke Federal supremacy to prevail over any general or specific provisions of law, rule, or regulation of a state that are inconsistent with the federal legislation. It would also prohibit any state from denying or revoking the license, registration, or certification of a VA health care professional who otherwise meets the requirements of the state for such license, registration, or certification, on the basis of practicing under this authority.

Covered health care professionals would include VA employees who are authorized to furnish health care. Additionally, under the legislation, the VA would be required to submit a report to Congress within one year of enactment on VA's telemedicine program, including provider and patient satisfaction, the effect of telemedicine on wait-times and utilization, and other measures.

A standalone bill and bipartisan legislation, the Veterans E-Health and Telemedicine Support Act of 2017 (VETS Act), also aims to expand telehealth services provided by the VA and that bill passed the House last month.

"In the wake of the scandal in care at VA hospitals in Phoenix and around the country, we vowed to guarantee our veterans timely access to quality treatment," Sen. McCain said in a statement. "The Veterans Choice Program was the first step in delivering on that promise, but much more needs to be done to provide all veterans a choice in when and where they receive care. Our bill would strengthen and improve the core elements of Choice by consolidating and streamlining the VA's community care program. Moreover, the bill would deliver long overdue, critical reforms to the VA, including commonsense reporting standards that ensure cost-efficient care to our nation's veterans. It's time we transform the VA into a 21st century health care system, one that respects the dignity of our men and women in uniform and provides all veterans the quality health care they deserve."

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3.2 - RevCycle Intelligence: [VA Next Gen Healthcare Supply Chain Program Needs Work, GAO Says - The VA's healthcare supply chain optimization project lacks an overarching strategy, stable staffing, and clinician input, a GAO investigation found.](#) (6 December, Jacqueline Belliveau, 54k online visitors/mo; Danvers, MA)

The Government Accountability Office (GAO) recently found several issues with the VA's implementation of a next generation healthcare supply chain management program. The federal

watchdog argued the implementation process failed to follow best practices of leading hospital networks that successfully optimized their supply chains.

The VA and its healthcare arm, the Veterans Health Administration (VHA), established the Medical Surgical Prime Vendor-Next Generation (MSPV-NG) program to reduce healthcare supply chain costs by \$150 million in 2016. Officials intended to realize cost avoidance by leveraging the VA's buying power to achieve supply chain discounts of up to 30 percent and standardizing supplies throughout the VHA.

During the transition period, the VHA was to develop a formulary of healthcare supplies from which medical centers would purchase supplies.

However, the VHA failed to achieve its cost avoidance goals because the MSPV-NG program launch did not have an overarching strategy, stable leadership and staffing, and clinician involvement to generate medical center buy-in and develop an adequate formulary, the GAO contended.

The federal watchdog's investigation uncovered that no document existed at the start of the next generation supply chain management program that detailed an implementation strategy. Officials only provided GAO investigators with an October 2015 plan that had not been approved by VHA or VA leadership.

Healthcare supply chain optimization best practices state that organizations should have well-documented plans and governance structures for initiatives and these plans should be clearly communicated to all organizations involved.

Leadership instability and an insufficient workforce also challenged the VHA with MSPV-NG program implementation, the report stated. As of January 2017, the MSPV-NG program office primarily tasked with implementing the healthcare supply chain management program only had 24 out of 40 positions filled. And office officials noted that the lack of staff impacted their ability to successfully implement the program within the given timeframes.

Notably, leadership positions were not permanently filled during the implementation process. Both the VHA's Chief Procurement and Logistics Officer and the Deputy Chief Logistics Officer were in an acting capacity. The program office also went through four directors, two of whom were acting and two of whom were serving as director while taking responsibility for other duties.

Furthermore, the VA's Chief Acquisition Officer, who oversees VA acquisition programs like the MSPV-NG, is currently in an acting capacity. The administration is required to appoint a "non-career employee" to fill the role, but instead has used an acting position since 2009 because of regulatory restraints.

Staffing shortages at VA medical centers also contributed to cost saving and implementation challenges. For example, the Chief Supply Chain Officer position was vacant at one of the VHA's Veterans Integrated Service Network (VISN) for about four years.

An interviewee from the medical center explained that the office "suffered in the absence of a leader, leaving it poorly-equipped to execute the transition to MSPV-NG."

Additionally, the GAO reported that the VA failed to follow healthcare supply chain optimization best practices by neglecting to gather clinician feedback. The office developed the supply formulary using historical purchasing orders to identify supplies to be put on the list and requirements for purchasing.

Officials believe that the historical data provided a “good representation of medical centers’ needs.” However, the approach is dramatically different from those used by leading hospital networks, which rely on clinicians to help select and standardize supplies.

Leading hospital networks also use clinician feedback to focus on individual supply categories for standardization, rather than attempting to address all categories at the same time. The VA neglected to use this method.

In the face of implementation challenges, healthcare supply chain formulary development encountered difficulties, the GAO found.

The lack of comprehensive strategy and tight timeline for cost savings in 2016 resulted in the VA failing to finalize competitively awarded contracts to supply vendors. By April 2016, the administration had only awarded contracts for just 3 percent of the items on the formulary.

Consequently, the VA could not save up to 30 percent on supply prices without competitive contracts. The purchasing agreements used in the absence of competitive contracts only discounted supplies by 5 percent or less on a sample of the 376 items covered by the agreements despite the VA’s large buying power.

Without clinician input, medical center buy-in for the new healthcare supply chain management program was lacking. The medical centers reported that staff were unable to find matches or substitutes for a significant number of supplies they frequently use.

While the VA aimed for medical centers to order 40 percent of their supplies from the MSPV-NG formulary, the nationwide average utilization rate was just 24 percent by May 2017.

Instead, medical centers purchased their preferred or needed items through purchase cards or new contracts awarded by their local contracting office. Medical centers also relied on emergency procurements to fulfill their healthcare supply chain needs in 2016 despite the orders not completely meeting emergency requirements.

The GAO acknowledged that the VA is working to improve the implementation plan during the second phase by acquiring clinician feedback. However, the federal watchdog pointed out that unrealistic contracting timeframes and the lack of comprehensive strategy continue to plague the healthcare supply chain optimization project.

To improve the MSPV-NG program implementation process, the GAO made the following recommendations to the VA:

- Establish, document, and distribute an overarching strategy for the supply chain management program, including how the program office will prioritize supply categories for future standardization and contracting
- Prioritize the hiring of a permanent MSPV-NG Director

- Assign the role of Chief Acquisition Officer to a non-career employee
- Create guidance to medical centers on matching supply items on the formulary
- Share with medical centers the requirements and processes for adding or removing items from the formulary
- Determine cost avoidance realized under the MSPV-NG program on a regular basis
- Develop a plan for mitigating potential risks for contract coverage gaps while the administration works to finalize competitive awards
- Use feedback from national clinical program offices to prioritize MSPV-NG requirements development and standardization efforts and focus supply categories for standardization and cost avoidance
- Direct VISN Network Contracting Offices to partner with medical centers to identify opportunities to strategically purchase supplies frequently acquired through the emergency procurement process
- Analyze data on supplies that are frequently purchased on an emergency basis and determine if such items should be added to the MSPV-NG formulary

The VA agreed with all of the GAO's recommendations. Although, the administration noted that congressional action is needed to assign the role of Chief Acquisition Officer to a non-career employee.

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4. Focus Resources More Efficiently

4.1 - Washington Examiner: [VA, Humane Society partner to help veterans](#) (6 December, Paul Bedard, 4.8M online visitors/mo; Washington, DC)

In the latest victory for the Humane Society of the United States, the Veterans Affairs Department has partnered to help war veterans by pairing them with homeless pets and encouraging them to volunteer at local shelters.

"There are many benefits to pet ownership both for Veterans in need of companionship and for animals in need of good homes," said VA Secretary Dr. David J. Shulkin.

"The greatest benefit for both can be a more fulfilled quality of life. We are pleased to work with the Humane Society on this important initiative and excited about its potential to create more opportunities to serve," he added.

The Humane Society has been working with Lara Trump, the president's daughter-in-law, and White House counselor Kellyanne Conway to build a partnership with VA and the new announcement showed how fast a deal can occur when there are few stumbling blocks.

“The partnership between animal welfare groups and VA is an important program for our Veterans and for homeless animals,” said HSUS President Wayne Pacelle said. “We know the power of the human-animal bond, and I can’t think of a better way to see it expressed than in helping our nation’s heroes,” he added.

The group is also working with the Interior Department on animal issues and was influential in President Trump’s reversal of a plan to let big game hunters bring their trophies back home from countries like Africa.

The VA-HSUS deal is to “encourage Veterans to consider pet ownership and volunteer opportunities with community organizations, including local animal shelters and humane societies in an effort to pair Veterans with rescued animals,” according to a release.

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4.2 - MS News Now: [Senator Roger Wickers Asks VA Secretary to review physician appeals system](#) (6 December, Maddie Wade, 611k online visitors/mo; Jackson, MS)

Mississippi Republican Senator Roger Wicker has sent a letter to VA Secretary David Shulkin urging him to review policy and laws regarding the removal of doctors who have been deemed clinically incompetent.

The letter names Dr. Mohamed Eleraky at the Jackson VA Medical Center, a neurosurgeon who was fired in August 2016 and suspended from performing surgeries or seeing patients following a botched spinal fusion surgery in 2013.

The VA has paid the doctor more than \$1 million over the last three and half years although he has not performed any surgeries.

Senator Wicker, a senior member of the Senate Armed Services Committee, sent the letter in response to recent revelations regarding the firing and subsequent reinstatement in April 2017 of Dr. Eleraky at the VA Medical Center in Jackson.

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4.3 - WIBW (CBS-13): [Topeka VA hosting job fair Thursday to fill positions for new crisis call center](#) (6 December, Natalie Dattilio, 484k online visitors/mo; Topeka, KS)

Topeka will soon be one of only three cities in the U.S. with a crisis call line for veterans, and the VA has 140 jobs to fill.

The crisis line handles calls from veterans who are contemplating suicide or harming themselves.

Thursday, Dec. 7th, the Dept. of Veterans Affairs is hosting a job fair at the Topeka VA campus auditorium from 10 a.m. to 6 p.m. to find the more than 100 vacancies created by the expansion of the Veterans Crisis Line (VCL) in Topeka.

If you are not able to make the job fair, you can apply online by clicking [here](#).

The Dept. of Veterans Affairs says they are looking for applicants who have crisis line experience or a master's degree in a Health Science, such as mental health, social work, psychology, etc.

The VA says major duties and responsibilities include, but are not limited to,

- Implements suicide/mental health crisis prevention strategies;
- Provides support for the identification of Veterans at high risk, and coordinates enhanced care;
- Conducts interviews and uses assessment tools to assess emotional, functional, and/or psychological conditions;
- Completes structured diagnostic and clinical assessments;
- Prepares and maintains records and reports in accordance with program guidelines;
- Creates and maintains forms, surveys, instruments, and materials for proper coordination of the different treatment modules;
- Provides psycho-education and directs advice regarding suicide/mental illness crisis;
- Works collaboratively with other members of the VA Crisis Hotline program to identify appropriate services for patients in crisis;
- Assists patients and their family/friend/significant other with issues regarding the patient's mental health issues, referrals, benefits, support groups; and
- Performs other duties as assigned.

The VA says the work schedule is varied, to include evenings, nights, weekends and holidays. Pay starts at GS-9, \$49,994, to include a comprehensive benefit package for health insurance, life insurance, vision, dental, Thrift Savings Plan, FERS basic and long term care.

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4.4 - Fierce Healthcare: [Special Report—2017's notorious healthcare CEOs include VA head who was fired twice](#) (6 December, Ilene MacDonald, 141k online visitors/mo; Washington, DC)

They are supposed to inspire confidence and set an example for employees and staff to work at the top of their games.

But some healthcare leaders—even those who initially showed promise—fail miserably at this mission, generating bad publicity and tarnishing their reputations, as well as the standing of the organization.

Take for instance Brian Hawkins, who only added to the ongoing woes at the Department of Veterans Affairs. He was fired not once but twice as medical director from the VA Medical Center in the District of Columbia this year.

Or Daniel Neides, M.D., the medical director and chief operating officer of the Cleveland Clinic Wellness Institute, who created a firestorm when he published a column laced with antivaccine rhetoric.

And then there is Trevor Fetter, one of the most well-known healthcare leaders in the country, who stepped down from his longtime role as CEO of Tenet Healthcare after the system lost more than \$1 billion last year.

These executives land on our annual “notorious” list not necessarily for criminal behavior, but because they made headlines for less-than-positive reasons.

In this special report, you’ll read about the misdeeds and misadventures of these three healthcare leaders, and seven other executives, who have earned the distinction of being FierceHealthcare’s picks for the most notorious healthcare leaders in 2017.

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4.5 - Neshoba Democrat: [Tribe signs MOU with VA for housing loans](#) (6 December, Debbie Burt Myers, 17k ovm; Philadelphia, MS)

A memorandum of understanding, which will make the process of applying for a Veterans Affairs home loan easier for eligible Native American veterans, active-duty military and their spouses on federal trust land, was signed last week by the Mississippi Band of Choctaw Indians and the U.S. Department of Veterans Affairs.

The ceremonial signing was Thursday in the Golden Moon VIP room.

“I am excited to be signing this agreement today,” said Chief Phylliss J. Anderson. “Many people have been working diligently for years to make this happen. This agreement between the Tribe and the VA will greatly benefit many native veterans, especially our Choctaw veterans.”

Chief Anderson told those in attendance that the Tribe had worked for more than 10 years “to forge this important partnership to provide low interest mortgage loans.”

Anderson said the Tribe had 614 deceased and living veterans who have and still do bravely serve and protect our country.

“Native Americans serve in the armed forces at the highest rate of any minority group,” she said. “It is great to know and hear that.”

She told those in attendance for the signing that there were a “great number of Tribal members with the means to purchase, build and/or refurbish their homes with a low interest loan. What we’ve been working on for 10 years has become a reality today. Most importantly, this is a day to say thank you and pay tribute to our veterans and our active duty military members.”

Jeffrey London, director of the VA Loan Guaranty Service, said it was a “passion” for Veterans Affairs to help Native Americans build and refurbish houses on federal trust land.

He said programs such as this one with the Tribe was a favorite of his former boss and was fast becoming a favorite of his own.

“This is my fifth MOU to sign this year and it is becoming my favorite,” London said.

Thursday's event began with an hour-long information fair for veterans. The Department of Veterans Affairs Benefits Administration – Jackson Regional Office and the GV (Sonny) Montgomery Medical Center were both on hand to speak with veterans.

The ceremony included the signing of the MOU, posting of the colors by the Choctaw Veterans Color Guard, and a traditional Pow-Wow style honor song and veteran's song performed by the Southern Pine Singers.

The Choctaw Mortgage Program, located at the Choctaw Town Center, will serve as the local office to assist Veterans with their VA home loan application process. Daniel Tubby, Home Ownership Counselor, will be the point of contact and can be reached at 601.656.0056 ext. 2678 or Daniel.s.tubby@choctaw.org.

By statute, before the VA can make a loan to a Native American veteran desiring to build or renovate a home on tribal land, the veteran's tribal sovereign governing body must enter into a MOU with VA.

Native American veterans eligible for VA home loan benefits and whose sovereign governments have signed a MOU may then apply directly to VA for a 30-year fixed rate loan to purchase, build, or improve a home located on federal trust land.

They may also refinance a direct loan already made under this program to lower their interest rate. If the property is not located on federal trust land, the veteran can use the traditional VA-guaranteed Home Loan program.

Call toll free 1-800-827-1000 or visit www.benefits.va.gov/homeloans for more information about the Native American Direct Home Loan Program (NADL).

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5. Improve Timeliness of Service

5.1 - Military Times: [Veterans advocates rally at US Capitol for expanded caregiver benefits](#) (6 December, Leo Shane III, 2.1M online visitors/mo; Springfield, VA)

When Coast Guard rescue swimmer Dave Riley lost all four limbs to a rare bacteria in 1997, his wife, Yvonne, gave up her career and freedom to become his full-time caregiver.

He said he wouldn't be able to survive without her help, even for everyday tasks like eating, putting on his prosthetics and traveling outside the home.

"For the last 20 years, she has sacrificed so much so I can lead a high-quality life," he said. "And largely, she has done so without outside support.

"It is virtually impossible for me to take Yvonne for granted, but I feel like the system does."

Both Yvonne and Dave — the past commander of Disabled American Veterans — were present Wednesday for a rally inside the Capitol to extend Veterans Affairs caregiver benefits to

individuals who served before September 2001, calling existing rules surrounding the program unfair and harmful to many military families.

Currently, family members who provide around-the-clock assistance to injured veterans are eligible to receive an array of support services from the department, including a monthly stipend to compensate for their lost time and careers.

But the program, approved in 2010, is only open to veterans of the Iraq and Afghanistan wars era. That leaves individuals like Yvonne — whose efforts veterans groups estimate have saved the federal government hundreds of thousands in health care costs — largely alone in their efforts to take care of their loved ones.

“Day after day, little by little, we have learned to get by without help,” she said. “I gave up working to provide his daily care, but through the years, it has only become more challenging.”

Veterans groups have pushed for an expansion of the program, arguing it excludes too many dedicated caregivers who face the same financial challenges as their younger peers. On Wednesday, they presented lawmakers with a petition signed by more than 180,000 individuals asking for a fix.

“Every day, hundreds of thousands of caregivers are providing unmatched care that allow the nation’s most seriously injured veterans to remain in their homes and out of nursing homes, giving them a chance at better health and a better quality of life,” said Garry Augustine, executive director for DAV.

“For caregivers who do so, they often work without assistance and without the benefit of comprehensive support.”

VA Secretary David Shulkin has voiced support for the expansion in recent months, but that move would have to be approved by lawmakers first.

Past opposition to the expansion has been based mostly on the cost. Extending the caregivers stipend to veterans of all eras is expected to total more than \$3.4 billion over five years, a hefty price tag for a Congress already fighting over federal spending caps.

Last week, members of the Senate Veterans’ Affairs Committee included the measure in a broader, \$54 billion health reform package. Lawmakers and veterans groups at Wednesday’s rally applauded that move but noted the legislation still faces a difficult path ahead in Congress.

Supporters noted that caregivers are often far less expensive than full-time medical care or nursing homes for the injured veterans and that the federal government should not take that for granted.

“It’s impossible to overstate the value of having a family member or loved one by your side while overcoming an illness or coping with an injury,” said Sen. Patty Murray, D-Wash., who sponsored expansion legislation in the Senate.

“But the sacrifices they make to provide vital day-to-day care for our veterans often goes unnoticed. Taking care of our veterans means taking care of those who make their recovery possible.”

House Veterans' Affairs Committee ranking member Tim Walz, D-Minn., said he is hopeful similar legislation can move forward in his chamber soon, after broader budget issues are resolved. He said costs are a potential roadblock but should not mean an end to the conversation.

"We need to make the case for this, and we need to figure out how to pay for this," he said. "I can't look at Dave and Yvonne and tell them that shouldn't happen for them. That's simply not fair."

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5.2 - KJZZ (NPR-91.5, Audio): [VA Study Links Veterans' Rare Cancer To Parasite From Raw Fish](#) (6 December, Steve Goldstein, 168k online visitors/mo; Tempe, AZ)

Vietnam veterans have struggled to deal with PTSD and other health challenges in the nearly 50 years since they served overseas.

Following the results of a Department of Veterans Affairs study, a link between cases of a rare bile duct cancer and a parasite that gets into the body via raw or undercooked fish may have been found.

Reporting by the Associated Press found that 700 veterans have been diagnosed with the cholangiocarcinoma over the past 15 years.

To learn more about the disease — and the parasite — I turn to Dr. Paul Brindley. He is director of the Brindley Lab at the George Washington School of Medicine and Health Sciences, and he focuses on neglected tropical diseases and associated cancers.

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5.3 - KWQC (NBC-6, Video): [Family of man who died after surgeries at the Iowa City VA Hospital want answers](#) (6 December, Jenna Jackson, 163k ovm; Davenport, IA)

LE CLAIRE, Ia. (KWQC) - Richard Hopkins was a normal man. He worked as a farmhand, wore overalls, and was incredibly smart. He was also a veteran, serving the United States Army from 1971-1973 in Germany as a tank mechanic.

Earlier this year, he went to the Iowa City Veterans Affairs Hospital for a MRI. They found a brain tumor. It was benign but surgery was needed. Following surgery, he spent a month in the ICU. Many complications led to an infection covering his entire brain. It was after doctors told his family there was no treatment available, they took him off the ventilator. Hopkins died on August 23rd, 2017. In the coming months, his family's lives would change.

A recent USA Today report showed VA hospitals across the country hired doctors with previous malpractice lawsuits against them. That included the Iowa City VA Hospital and one of their doctors; Dr. John Henry Schneider.

The same doctor who did Hopkins' surgery.

TV-6 began an investigation after the USA Today report was published. TV-6 confirmed Dr. John Henry Schneider was employed at the Iowa City VA Hospital from late April of this year until November 29th, when he resigned in lieu of termination.

The Department of Veterans Affairs Press Secretary, Curtis Cashour, sent TV-6 this statement:

“Upon review of Dr. Schneider’s case, we found his hiring was inconsistent with applicable law, as a result of incorrect internal VA guidance received during his hiring process.

As a result, he resigned from VA in lieu of termination November 29.

All of the employees mentioned in the story no longer work for VA. We are also looking into whether other doctors in the VA system may have been hired improperly as a result of the same incorrect internal VA guidance, and we will take prompt removal action with any improper hires we discover.”

When Hopkins’ family found out the results of USA Today’s investigation they were floored.

“I wondered how'd this guy get into a hospital for our veterans. Somebody hired him. They knew what was going on and yet they still hired him,” said Autumn Hopkins, his daughter.

The family says they’re unsure whether they can trust the VA will do what the statement says.

“Yeah I can't say their track record has been great about being forthcoming with what they're doing. So I can't say I necessarily believe that they're taking the steps that they say they are,” says Amy McIntre, Richard Hopkins’ daughter.

Richard’s two sisters say they want this report to go nationwide. The whole family hopes the VA doesn’t sweep this under the rug. In the meantime, the family is unsure what their next steps are. At this time, they have not filed any lawsuits against Dr. Schneider or the VA.

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5.4 - News-Review: [VA spreads Christmas cheer](#) (5 December, 160k online visitors/mo; Roseburg, OR)

Roseburg Veterans Affairs Medical Center employees took the time this holiday season to make Christmas a bit more jolly for children in need.

On Tuesday, the VA delivered gifts for 193 children selected by the Department of Human Services.

VA spokesman Shanon Goodwin said it’s a project VA employees take on every year. They chose gift recipients from a stack of wish lists created by DHS case workers, who met with children in advance and wrote down names, ages, genders, clothing sizes and, perhaps most importantly, what they wanted for Christmas.

Goodwin praised the generosity of his fellow VA staff members.

"As carts of gifts were loaded onto trucks from the VA and transported to DHS, you could see from the smiles of employees' faces that they were beyond happy that they could contribute to making a child smile," Goodwin said.

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5.5 - North Country Public Radio: [Without an honorable discharge, mental health options are limited](#) (6 December, Carson Frame, 144k online visitors/mo; Canton, NY)

Last month's mass shooting at a Texas church has raised questions of whether the military does enough to help former service members with bad conduct discharges. They're not eligible for veterans' mental health care.

When service members separate from the military, their futures depend on something called a characterization of service. There are five different possibilities: honorable, general under honorable conditions, other than honorable, bad conduct, and dishonorable.

"Other than honorable" means the service member has had a pattern of misconduct or has been convicted by a civilian court of a crime.

Meanwhile, "bad conduct" and "dishonorable" result when a service member commits a felony-level offense. Those two categories, the lowest on the military scale, are also known as "punitive discharges."

Military discharges are a reward system. Serving without bad behavior or crime earns service members support from the VA. But if they cause trouble, they're mostly on their own.

"When you get an other than honorable discharge or a bad conduct discharge or a dishonorable discharge, you lose virtually all of your access to VA benefits," said South Texas College of Law Professor Geoffrey Corn. "They're supposed to be reserved for service members who served under honorable conditions."

In July, the VA revised its policies and began offering 90 days of emergency mental health care to veterans with other than honorable discharges - people who it says are at greater risk of suicide and homelessness.

But there are still limits. Ex-service members with punitive discharges - bad conduct or dishonorable - are not included. They can only access short-term humanitarian services from the VA, which have to be repaid.

That would have been true for Devin Kelley, who killed 26 people at a Sutherland Springs, Tex. church Nov.5. Kelley - a former Air Force airman - received a bad conduct designation after being courtmartialed for domestic assault in 2012.

At a National Press Club meeting shortly after the shooting, VA Secretary David Shulkin said he considered Kelley a criminal, not a veteran.

"Those with bad conduct or discharges, such as this gentleman, have violated the law, have violated our morals and ethics, and I do not believe deserve services and benefits," he said.

Shulkin laid the responsibility for care elsewhere.

"They have other systems where I believe they could get the help that they need, whether they're prison systems or other community-based systems," he said. "But not the Department of Veterans Affairs."

But some say VA treatment should be available even for people who have received punitive discharges. Dr. Stephen Xenakis is a psychiatrist and retired Army brigadier general who used to administer Army hospitals.

"I don't see treatment to someone who has a serious problem and committed an offense as a benefit. I see it as a responsibility," Xenakis said. "In this particular case, it was a responsibility we dropped, and we had horrendous consequences from that."

Xenakis argues that the military justice system doesn't offer adequate treatment for offenders transitioning back to civilian life. He said the VA should help coordinate care for newly discharged people.

"In the cases I've seen and worked with, there hasn't been much coordination between the military services and the local communities or the states," Xenakis said. "It really has varied a lot in terms of how closely the people are monitored and what the circumstances of parole are."

Geoffrey Corn said service members with bad conduct discharges do get help during transition. Often that takes the form of rehabilitation, counseling, and anger management while in military confinement.

He also said the military shouldn't be held to a higher standard for providing care than the rest of the government.

"I mean, if you commit a serious felony, you might have a mental disorder or something that would benefit from treatment. But when you get released from the state penitentiary, or the federal prison, you don't have automatic access to medical care," Corn said.

The defense spending budget passed by Congress this month requires a mental health exam and treatment plan for all service members when they leave active duty.

It's unclear where some of them would go for care.

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5.6 - Patient EngagementHIT: [Proposed VA Bill May Expand Patient Care Access, Community Health - Senators have introduced a new bill that would expand veteran patient care access through community health. The VA has also implement programs to support community health.](#) (6 December, Sara Heath, 21k online visitors/mo; Danvers, MA)

Senator John McCain, Chairman of the Senate Armed Services Committee, and Senator Jerry Moran, Chairman of the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, have introduced the Veterans Community Care and Access Act (S. 2148) that will help improve veteran patient access to care.

The bill, introduced to the Senate on December 4, seeks to streamline community care and VA services. Per a legislative summary published by Senator Moran's office, the bill will create a community care program, a strategy to improve integrated care at VA, and patient access and quality standards.

The bill also clarifies how VA and other entities would pay for veteran healthcare.

These proposed reforms will build upon the progress made by the Veterans Choice Program. Implemented in 2014, Choice allows veterans facing extraordinary barriers to care to receive treatment at third party, non-VA facilities.

"Our bill would strengthen and improve the core elements of Choice by consolidating and streamlining the VA's community care program," McCain said in a statement.

"Moreover, the bill would deliver long overdue, critical reforms to the VA, including commonsense reporting standards that ensure cost-efficient care to our nation's veterans," he continued. "It's time we transform the VA into a 21st century health care system, one that respects the dignity of our men and women in uniform and provides all veterans the quality health care they deserve."

The proposed bill will help integrate community care with VA services by reducing bureaucratic barriers, ideally making veterans the core decision-makers in their own healthcare, McCain and Moran said.

"Demand has demonstrated that veterans want and need healthcare options in their communities, but there must be reform at the VA to create a system that works for them," Moran stated. "This joint effort to reform the VA will offer veterans an integrated healthcare system within their community that reduces red tape, enhances their quality of life and provides care that is worthy of their service and sacrifice."

The bill also establishes a set of payment standards that will help better incorporate community providers and VA services, expand veteran access to telehealth, and create better employment opportunities for graduate medical students and medical residents.

The VA has also begun work to improve veteran patient and family engagement. In the VA facility in Los Angeles, organization leaders have formed the Veterans and Community Oversight and Engagement Board Federal Advisory Committee.

This body will serve as a patient advisory council (PAC), helping to identify patient and family goals and priorities across VA. PACs in all types of care settings are useful for integrating the patient voice into healthcare decision-making.

The Veterans and Community Oversight and Engagement Board will also work to integrate community priorities with veteran priorities. The Board will identify social determinants of health that affect veterans in the Los Angeles community and work with VA providers to address those issues.

"The creation of this committee supports VA's goal of educating and empowering Veterans and their families through outreach and advocacy," said VA Secretary David J. Shulkin, MD. "We will focus on initiatives such as assisting homeless Veterans in the Greater Los Angeles area,

supporting underserved populations of women Veterans, aging Veterans, physically or mentally disabled Veterans and those with addiction issues.”

Both efforts are a part of VA’s overall goal of improving the services it offers to veteran patients. VA has been under scrutiny since the wait time scandal at the Phoenix VA during which VA employees falsified veteran wait times to meet certain metrics. The issue resulted in the resignation of then VA Secretary Eric Shinseki and allegedly caused 40 veteran deaths.

Since that incident, VA has worked to both improve its patient services and revamp its public image. The VA launched the Veterans Choice Program, implemented a culture of patient centricity, and installed several different programs making it easier for veterans to make treatment choices and access VA healthcare.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Hill: [VA slashes program that helps homeless veterans obtain housing: report](#)
(6 December, Brandon Carter, 11.8M online visitors/mo; Washington, DC)

The Department of Veterans Affairs is slashing funding for a key program that helps provide housing to homeless veterans, according to a new report.

Politico reports the VA told advocates and state officials in a call last week that the \$460 million program would essentially end.

VA Secretary David Shulkin reportedly told those on the call that the money for the program would now go to VA hospitals for use as they see fit. The hospitals must show that they are working to deal with homelessness as part of their work, according to Politico.

Activists and officials were reportedly furious about the decision, five people who listened in on the call told the news organization.

Elisha Harig-Blaine of the National League of Cities told Politico after the call that the VA was “putting at risk the lives of men and women who’ve served this country.”

The decision comes after a joint press conference between Shulkin and Secretary of Housing and Urban Development Ben Carson at a Washington, D.C. homeless shelter in which the two announced a new commitment to ending homelessness among the nation’s veterans.

The program provides housing vouchers to veterans via the Department of Housing and Urban Development while the VA continues helping veterans find more permanent housing.

More than half of the veterans housed via the program have problems like chronic illness or substance abuse, according to Politico.

Shulkin issued a statement to Politico Wednesday saying he would get input from local VA leaders “on how best to target our funding to the geographical areas that need it the most.”

Sen. Patty Murray (D-Wash.), who serves on the Senate Committee on Veterans’ Affairs, told Politico that the decision was a “new low” for President Trump’s administration.

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7.2 - Patriot-News: [Vets now have free shuttle service options to VA Medical Center](#) (6 December, Barbara Miller, 3.1M online visitors/mo; Mechanicsburg, PA)

There is free bus service now for Cumberland County for veterans who need to get to the Lebanon VA Medical Center, and Dauphin County is planning to add service next year.

In Cumberland County, the new bus service is provided on weekdays through Rabbittransit. It transports veterans from the VA outpatient clinic in Camp Hill to the Lebanon VA, and it will move to the new veterans clinic in Mechanicsburg when it opens. Vets also have transportation to the Camp Hill clinic.

Those interested in participating must complete an application to determine which transportation services they are qualified to receive. Some veterans may qualify for door-to-door transportation.

The shuttle leaves the Camp Hill clinic, 25 North 32nd Street, at 7 a.m. and arrives at the VA Medical Center in Lebanon at 8:45 a.m. The shuttle leaves the medical center at 12:30 p.m., arriving back in Camp Hill at 2:15 p.m. Reservations must be made by noon the day before transportation is needed.

Escorts are allowed to travel with the veteran and all shuttle vehicles are ADA accessible. For more information contact Rabbittransit online or call 1-800-632-9063 option 4.

In Dauphin County, CAT is planning to start free service for veterans to the Lebanon VA in 2018.

CAT is working with the Dauphin County Veterans Bureau to survey veterans to determine need and locations for service stops, said Robert Philbin, CAT spokesman.

CAT has normal fixed route service to the Camp Hill outpatient clinic, and paratransit service to the clinic is \$1 for senior vets.

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7.3 - Military Times: [VA reverses course, won't alter homeless program funding](#) (6 December, Leo Shane III, 2.1M ovm; Springfield, VA)

WASHINGTON — Veterans Affairs officials on Wednesday reversed course on plans to dramatically alter how funding for homeless veterans programs is handled, promising “absolutely no change in the funding” until fiscal 2019.

In recent weeks, veterans advocates had been upset over plans from department leaders to shift funding previously restricted to homeless housing vouchers — specifically, the Housing and Urban Development-VA Supportive Housing program — to general purpose money.

VA leaders said the move would allow regional directors more flexibility to push money into what they saw as top local priorities. But advocates worried that could lead to ignoring homeless veterans outreach and assistance in favor of other budget gaps, undoing years of progress addressing the problem.

The estimated number of homeless veterans dropped from more than 74,000 individuals in 2010 to fewer than 40,000 in 2016. In 2017, the number rose by almost 600 veterans after seven years of decreases.

In a letter to VA Secretary David Shulkin in October, officials from the National Coalition of Homeless Veterans said they objected to “any conversion of special purpose homeless program funding for any purpose,” calling it potentially “catastrophic” to progress made in recent years.

Estimates show the total number of veterans without stable housing increased by about 600 from 2016 to 2017.

On Wednesday night, Shulkin agreed to abandon the change for now.

“Over the next six months, I will solicit input from our local VA leaders and external stakeholders on how best to target our funding to the geographical areas that need it most,” he said in a statement. “Based on that input we will come forward with proposals for fiscal year 2019 on how to improve the targeting of our homeless program funding.”

Responding to concerns about the homeless program money being used for other issues, Shulkin stated that “there will be absolutely no change in the funding to support our homeless programs” and “we will not be shifting any homeless program money to the Choice program.”

Shulkin also noted that President Donald Trump has requested an additional \$66 million in homeless veterans assistance funding for fiscal 2018. That budget plan still has yet to be approved by Congress, even though the new fiscal year began October 1.

In 2010, then-President Barack Obama and VA officials made a public pledge to “end veterans’ homelessness” in coming years, an effort that was paired with big boosts in funding for community intervention programs at both VA and HUD.

In June, VA Secretary David Shulkin said he no longer saw the previous goal of zero homeless veterans as a realistic target for his department. Instead, VA officials are now looking at a “functional zero” goal of around 15,000 homeless veterans nationwide.

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7.4 - WBUR (NPR-90.9, American Homefront Project, Audio): [Making VA Health Care More Welcoming To Female Veterans](#) (6 December, Libby Denkmann, 1.1M online visitors/mo; Boston, MA)

Research shows women veterans don't use VA health care at the same rate as men, and many report delayed or unmet health needs. A group of nonprofits is testing a new program in Los Angeles meant to overcome the barriers that keep female veterans from seeking help.

Libby Denkmann (@libdenk) of KPCC reports.

This story was produced by the American Homefront Project, a public media collaboration that reports on American military life and veterans. Funding comes from the Corporation for Public Broadcasting and the Bob Woodruff Foundation.

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7.5 - WFTS (ABC-28, Video): [Christmas wreaths needed for Bay Pines National Cemetery](#)
(6 December, Jillian Ramos, 842k online visitors/mo; Tampa, FL)

Volunteers and donations are needed for a wreath laying ceremony at Bay Pines National Cemetery.

Wreaths Across America needs 34,000 wreaths by the ceremony on December 16th. As of right now, they only have 1,829, just 5% of their goal.

Wreaths can be purchased through the organization for \$15 but donations can also be made in any amount.

They are also looking for volunteers to help place wreaths on veteran gravestones.

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7.6 - WIBW (CBS-13, Video): [New homeless veterans report shows overall decrease in KS](#)
(6 December, Erika Hall, 484k online visitors/mo; Topeka, KS)

New numbers from the U.S. Department of Housing and Urban Development show homelessness crept up 1.4 percent in Kansas since last year.

There's good news, though in the number of veterans who are homeless, it's down nearly 70 percent from 2010.

V.A. housekeeping aid Bill Hunter was once a homeless veteran, now he uses elbow grease to keep the halls clean at the center.

Not so long ago, he felt he was out of options.

"I've been in the Salvation Army, staying on the street, sleeping in cars, all of that. I've been through everything, went through the whole drug scene because that's what you end up doing, you try to do anything there is as a value. You donate blood just to have a little bit of money," Hunter said.

While the number of veterans in Kansas who are homeless is up slightly from last year, since 2010, it's gone down 69.5 percent.

Heath care for Homeless Veterans Advocate Heather Davis said veterans are becoming aware of available services.

"We really work with them to get them emergency housing, back rent or utilities paid, whatever we can do to either salvage their current housing or help them get stably housed someplace else," Davis said.

Housing is only part of the problem for homeless veterans.

Davis said they work with veterans to try to get them community resources.

We have supportive services for veterans and families through the Salvation Army which is a great resource," Davis said.

Hunter said he's received help for PTSD and mental health concerns, and the V.A. connected him with a range of programs, helping him make a clean start, and get back on his feet.

"The only thing you have to do is come up to the v-a and ask for some help, and you will get it. That's the only thing I can tell them, and I keep it 100, you have to come and get help if you want help," Hunter said.

Veterans may call the National Call Center for Homeless Veterans at 877-424-3838, it is free and confidential.

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7.7 - Housing Wire (Video): [HUD report reveals severe shortage of affordable housing increases homelessness - About 553,742 people homeless on any given night](#) (6 December, Kelsey Ramirez, 438k online visitors/mo; Irving, TX)

Homelessness increased in the U.S. in 2017, according to the 2017 Annual Homeless Assessment Report to Congress released by the U.S. Department of Housing and Urban Development. Can the housing shortage be to blame?

On any given night, an average of 553,742 people are without a home in the U.S., an increase of 0.7% from last year. Local communities reported the number of persons experiencing chronic homelessness and veterans increased. However, the report adds exact numbers are difficult to get 100% accurate.

Most of these, about 360,867, were located in emergency shelters and transitional housing programs, however 192,875 were unsheltered.

Most tragically, a total of about 40,799 unaccompanied youth and children were homeless in a night. HUD explained that this year, along with local communities, it launched a more intense effort to more accurately account for this difficult-to-count population, saying it will use 2017 as a baseline to track progress in reducing youth homelessness.

"In many high-cost areas of our country, especially along the West Coast, the severe shortage of affordable housing is manifesting itself on our streets," HUD Secretary Ben Carson said.

“With rents rising faster than incomes, we need to bring everybody to the table to produce more affordable housing and ease the pressure that is forcing too many of our neighbors into our shelters and onto our streets. This is not a federal problem—it’s everybody’s problem.”

However, homelessness among families with children decreased 5.4% from 2016 to 2017. It’s been a chronic problem facing the nation, the previous administration left the Oval Office without meeting one of its key goals on homelessness, for example.

And the recent report shows the number of homeless various drastically from one region to another. Thirty states and the District of Columbia actually reported decreases in homelessness over the past year. But due to challenges in some metropolitan area, the national trend in number of homeless moved up.

“The fact that so many parts of the country are continuing to reduce homelessness gives us confidence that our strategies—and the dedicated efforts of communities to embrace best practices—have been working,” said Matthew Doherty, U.S. Interagency Council of Homelessness executive director. “At the same time, we know that some communities are facing challenges that require us to redouble our efforts across all levels of government and the public and private sectors, and we are committed to doing that work.”

But some cities continue to pull the national trend lower. HUD pointed out that Los Angeles reported an increase of 26% in overall homelessness since 2016. And this increase is primarily in non-sheltered homeless. And in New York City, emergency shelters and transitional housing reported an increase in homelessness, bringing the city’s increase to 4.1% annually.

The number of veterans experiencing homelessness decreased 3.2% after excluding these two cities from the calculation, but increased 1.5% overall. However, the U.S Department of Veterans Affairs brushed off the increase, saying it will continue to work to ensure veterans find stable housing.

“Our joint community-based homelessness efforts are working in most communities across the country,” VA Secretary David Shulkin said. “Despite a slight increase in overall Veteran homelessness, I am pleased that the majority of communities in the U.S. experienced declines over the past year.”

“VA remains committed to helping Veterans find stable housing,” Shilkin said. “We will continue to identify innovative local solutions, especially in areas where higher rents have contributed to an increase in homelessness among Veterans.”

But despite the slight increase from 2016 to 2017, homelessness is down 13.1% since 2010.

HUD’s national estimate is based upon data reported by approximately 3,000 cities and counties across the nation. Every year on a single night in January, planning agencies called Continuums of Care and tens of thousands of volunteers seek to identify the number of individuals and families living in emergency shelters, transitional housing programs and in unsheltered settings.

HUD explained these one-night snapshot counts, as well as full-year counts and data from other sources such as the U.S. Housing Survey, and the Department of Education are crucial in understanding the scope of homelessness and measuring progress toward reducing it.

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7.8 - WWSB (ABC-7, Video): [Sarasota National Cemetery reaches goal for holiday wreaths](#) (6 December, 195k online visitors/mo; Sarasota, DL)

Sarasota National Cemetery has raised enough money to make sure every gravestone has a holiday wreath.

The Sarasota Military Academy has been working for weeks to help raise the money and their hard work has paid off.

The cemetery reached their goal of raising enough money to purchase 12,000 wreaths for each gravestone.

Meshia Richardson was in charge of the fundraising and served as the Wreaths Across America coordinator.

Richardson is the widow of a veteran and wants to honor the men and women who have served.

"We're proud of our countries and we're proud of our rights that the men and women fought to protect. Many of those men and women are lying at rest here and at other national cemeteries, says Meshia Richardson.

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7.9 - The M Report: [HUD Secretary Vows to "Ease the Pressure" of Homelessness](#) (6 December, Nicole Casperson, 20k online visitors/mo; Dallas, TX)

On a single night, 553,742 people experience homelessness in the U.S. According to the latest national estimate by the Department of Housing and Urban Development (HUD) 2017 Annual Homeless Assessment Report to Congress, this number represents an increase of .7 percent since last year.

Despite the overall increase, homelessness across the country is varied. In fact, many places continue to experience a drop in homelessness—with 30 states and the District of Columbia reporting decreases in homelessness between 2016 and 2017. However, challenges in some major metropolitan areas have had a significant impact on the national numbers.

The most troubling area is the city and county of Los Angeles. Last January, the area counted a total of 55,188 individuals living in sheltered and unsheltered settings—an increase of nearly 26 percent over January 2016.

"In many high-cost areas of our country, especially along the West Coast, the severe shortage of affordable housing is manifesting itself on our streets," said HUD Secretary Ben Carson. "With rents rising faster than incomes, we need to bring everybody to the table to produce more affordable housing and ease the pressure that is forcing too many of our neighbors into our shelters and onto our streets. This is not a federal problem-it's everybody's problem."

The severe lack of affordable housing in the Los Angeles County is also affecting the level of veteran homelessness. Only in Los Angeles, veteran homelessness increased 64 percent since January 2016, which largely accounts for the 1.5 percent increase of veteran homelessness nationwide.

New York City is the second area of concern, with a reported 4.1 percent increase, principally among families in emergency shelters and transitional housing. To put the impact of both major metropolitan areas into perspective, if the findings were to exclude the two areas, the estimated number of veterans experiencing homelessness in other parts of the nation actually experienced a decreased by 3.1 percent since 2016.

Additionally, since 2010, veteran homelessness declined nationally by 46 percent. Regardless of the national increase, U.S. Department of Veterans Affairs (VA) Secretary David Shulkin said he believes VA's joint community-based homelessness efforts are working in most communities across the country.

"Despite a slight increase in overall Veteran homelessness, I am pleased that the majority of communities in the U.S. experienced declines over the past year," said Shulkin. "VA remains committed to helping Veterans find stable housing. We will continue to identify innovative local solutions, especially in areas where higher rents have contributed to an increase in homelessness among Veterans."

Matthew Doherty, Executive Director of the U.S. Interagency Council of Homelessness also expressed that the reduced homelessness in the majority of the country provides confidence that the strategies and dedicated efforts in place have been working.

"At the same time," Doherty said, "we know that some communities are facing challenges that require us to redouble our efforts across all levels of government and the public and private sectors, and we are committed to doing that work."

Other Key Findings of HUD's 2017 Annual Homeless Assessment Report:

- •Most homeless persons (360,867) were located in emergency shelters or transitional housing programs while 192,875 persons were unsheltered.
- •The number of families with children experiencing homelessness declined 5.4 percent since 2016 and 27 percent since 2010.
- •Chronic or long-term homelessness among individuals increased 12.2 percent over 2016 levels though declined by 18 percent (or 19,100 persons) since 2010.
- •The number of unaccompanied homeless youth and children in 2017 is estimated to be 40,799.

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7.10 - Lake County News-Sun: ['His one true love': Vietnam veteran's last wish to broadcast on ham radio fulfilled](#) (6 December, Frank Abderholden, 7k online visitors/mo; Chicago, IL)

For Vietnam veteran John Nugent, who served in the U.S. Army Signal Corps, coming home to Newburgh, N.Y., meant some isolation, according to his son Chris, but his love of ham radio allowed him to reach out to other people throughout the world.

"It was tough for him. The radio made him feel comfortable, and helped with his transition," Chris Nugent said.

The veteran's call signal, WA2EQJ, came alive again Tuesday at the Captain James A. Lovell Federal Health Care Center in North Chicago, where the 75-year-old Nugent got his dying wish to broadcast on ham radio one more time.

"It's his one true love," said his son, a renowned chef and owner of Goosefoot in Chicago. "It was above and beyond everything. He built his first radio out of a cigar box when he was 9 years old."

The elder Nugent moved from Vernon Hills to the Green House veterans' housing complex at the Lovell Center in December of 2014.

He had been staying on the East Coast until his other son, John Nugent III, died.

He then moved to the Chicago area to be closer to Chris.

Chris said getting John Nugent into the complex for veterans with geriatric and long-term care needs was one of the best things for his father.

"It improved his life unbelievably. Everyone here is part of his family, and he will spend his last days with the family, where everyone knows him as Sarge," he said.

John Nugent has cancer. He made his final wish known to Alesia Behnke, a social worker at the community living center.

"He told me he was a ham radio operator since he was 16, and he never let his license lapse," she said.

Green House staffers contacted the Lake County Veterans Assistance Commission and, before they knew it, they were getting responses from American Legion Amateur Radio, the North Shore Amateur Radio Club, Lake County Emergency Management and the Lake County Sheriff's Office.

"We had too much support," Behnke said with a laugh.

"We went from 'We might be able to get this done,' to 'What week do you want to do it?' He was just over the moon," Behnke said. "We had no idea we were going to pull it off."

Lake County RACES, which stands for Radio Amateur Civil Emergency Services, works to help during emergencies or large events, president Jim Nelson said. On Tuesday, they set up antennas in an adjacent courtyard and some equipment on a table inside, so Nugent would get his chance.

They also put Nugent's YAESU radio receiver on the table to make him more comfortable.

"We were all anxious to get out here and set it up," Nelson said.

Nugent got to talk to people from Sacramento and Grass Valley, Calif., and Texas and Libertyville.

"So it's very nice to make your acquaintance. I liked your call," he told one operator.

He told another, "Sorry, I'm dying of cancer ... I'll be around for awhile."

He asked one amateur radio operator from Grass Valley named Jim the amount of watts he was using. Jim gave Nugent a "73 to a buddy," which in ham radio language means "best regards."

Chris said his father grew up in Newburgh, and then they moved a short distance to Owego, N.Y., because his father worked for IBM.

When he was old enough, Nugent volunteered for the Army. At the time, he had a brother, Bill, and sister, Mary Beth.

"On my mother's side of the family, everyone served," he said, referring to the Loucks family.

"He was inspired by JFK (President John F. Kennedy) ... and joined up in 1966," he said. "He volunteered to fight to the death for his country."

John Nugent was wounded in the leg by shrapnel, Chris said.

Following the war, Nugent was an electrician who made circuit boards for General Electric in New York. He spent 11 years helping his wife, Sharon Marie, through kidney disease, which included two transplants and dialysis, before she died.

On Tuesday, the elder Nugent began to grow tired and the radio broadcasting was wrapped up. Chris walked around the community room thanking people from Lake County RACES and the veterans assistance commission along with Lovell staff members.

"Thank you, thank you. We appreciate it so much," said Chris' wife, Nina.

She also looked around at the staff and other residents. She said everyone living in Nugent's building had a story if you only stopped to listen, which they had.

"We became part of their families, too," she said.

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8. [Other](#)

8.1 - WBFO (NPR-88.7): [Holland couple sentenced for defrauding disability out of \\$1.2M](#)
(6 December, Marian Hetherly, 1.9k online visitors/day; Buffalo, NY)

A Holland couple who stole more than \$1.2 million in Veterans Affairs and workers compensation benefits have been sentenced by U.S. District Court Judge Richard Arcara.

The U.S. Attorney's Office says Richard Klaffka, 59, was sentenced to 32 months in prison, while his wife - Cathleen Klaffka, 62 - was sentenced to three years probation. Both were also ordered to pay restitution: \$922,137 to the VA and \$315,290 to the Department of Labor.

"Services and programs offered by federal agencies such as the VA and the Department of Labor are designed to assist those who are most in need," said U.S. Attorney James Kennedy. "When defendants like the Klaffkas try to game the system, they victimize those who are truly deserving and in need. With today's prison sentence, Mr. Klaffka will finally be able to experience firsthand what it means to suffer a true limitation to one's mobility."

Authorities says it all started in 2006, when Richard Klaffka told the VA he was confined to a wheelchair due to a military-related injury. In order to get workers compensation benefits from his job with the U.S. Postal Service, he also falsely claimed a work injury resulted in having to walk with a cane.

However, authorities said the couple was well aware Richard Klaffka was able to walk without assistance and that he regularly engaged in extensive physical activities, including hiking and riding a bike.

An investigation of the claim was triggered by an anonymous call to a fraud hotline.

"The U.S. Postal Service spends nearly \$3 billion per year in workers compensation costs, most of which goes to deserving postal employees with legitimate injuries suffered on the job," said U.S. Postal Service Office of Inspector General Acting Special Agent-in-Charge Kenneth Cleevely. "This sentence should also serve as a deterrent to other postal employees who may be thinking of committing workers compensation fraud; you may end up behind bars and out of a job."

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From: (b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 13 December Veterans Affairs Media Summary and News Clips

Date: Wed Dec 13 2017 04:25:22 CST

Attachments: 171213_Veterans Affairs Media Summary and News Clips.docx
171213_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.10678.409435-000001

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Veterans Affairs Media Summary and News Clips

13 December 2017

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [VA Funds Additional Justice Outreach Positions in Maine](#) (12 December, 24M online visitors/mo; Washington, DC)

U.S. Sen. Angus King is praising the U.S. Department of Veterans Affairs for funding for three new staff positions in Maine. The VA announcement on Tuesday means there will be a second veterans' justice outreach specialist along with the first re-entry specialist in more than eight years to help veterans confronting homelessness and mental health and substance abuse issues.

[Hyperlink to Above](#)

1.2 - Portland Press Herald: [Agency adds new positions to help Maine veterans confronted by court issues](#) (12 December, Edward Murphy, 2.1M online visitors/mo; Portland, ME)

The federal Department of Veterans Affairs is adding three new positions in Maine to help veterans involved in court issues. The positions, announced in Portland on Tuesday morning by the department's deputy secretary, Tom Bowman, include an outreach specialist to connect the department with veterans, along with a re-entry specialist to help veterans make the transition after serving time in jail, along with a suicide prevention coordinator.

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1.3 - Stars and Stripes: [VA faces higher-than-estimated costs, other challenges to implement 'Forever' GI Bill](#) (12 December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The Department of Veterans Affairs will hire 200 temporary workers and shell out \$70 million to implement a major expansion of veterans' education benefits — a process beset by communication and information technology challenges, veterans advocates and VA officials said Tuesday. Higher-than-anticipated costs is one of a number of problems that the agency has faced for months of a yearlong charge to implement the "Forever" GI Bill...

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1.4 - Stars and Stripes: [VA urges Congress to approve funding by end of year or see 'dramatic impact' on vets care](#) (12 December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

Veterans' health care will be dramatically affected if Congress finishes out the week without funding a program that permits many veterans to receive private-sector medical care, Department of Veterans Affairs Secretary David Shulkin warned Tuesday. The Veterans Choice program will be depleted of funds within three to five weeks, Shulkin wrote in a notice to Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans' Affairs Committee.

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2. [Greater Choice for Veterans](#)

2.1 - Erie News Now: [Construction Milestone At Erie VA Medical Center](#) (12 December, Paul Wagner, 147k online visitors/mo; Erie, PA)

A huge construction project at the Erie VA Medical Center reached a major milestone today. And a ceremony marked the progress at the new \$11 million boiler plant. It was called a topping off ceremony, with a wreath marking the end of the structural phase of the project. Nearly 50 union craftsmen took a break to join the event.

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2.2 - KKCO (NBC-11, Gray Television, Video): [Rep. Lamborn looking to provide private health care choice for veterans](#) (12 December, Peter Zampa, 64k online visitors/mo; Grand Junction, CO)

A different approach to veterans' health care is in the works in Washington. Rep. Doug Lamborn (R-CO) says if the Veterans Affairs health care system isn't working for our veterans, they should be able to get care elsewhere. His legislation allows them to opt out of VA care to use civilian medical providers. Lamborn says it's time to change the way we do things.

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2.3 - FEDweek: [Congress Backs Outside Audits of VA](#) (12 December, 51k online visitors/mo; Washington, DC)

The House has joined the Senate in passing S-1266, which authorizes the VA to contract with a nonprofit organization that accredits health care organizations and programs to investigate a VA medical center to assess and report deficiencies of the center's facilities. The VA could delegate such authority to the Veterans Integrated Service Network in which the medical center is located or to the director of such medical center.

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3. [Modernize Our System](#)

3.1 - KTHV (CBS-11, Video): [Arkansas Veteran Affairs fighting backlog with Telebenefits](#) (12 December, Winnie Wright, 617k online visitors/mo; Little Rock, AR)

In 2013, the world's attention was on the Department of Veteran Affairs as they faced issues of backlogged claims. At its peak, those seeking benefits for the first time, with cases that took more than four months to process, were in the hundreds of thousands. For veterans with physical or financial limitations it can be very difficult to get to Little Rock in order to access claims or benefits promised to them after their service.

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3.2 - MedCity News: [Three takeaways on the VA, VistA and government health IT](#) (12 December, Erin Dietsche, 478k online visitors/mo; New York, NY)

A new study from the U.S. Government Accountability Office dug deeper into what's happening with the Department of Veterans Affairs and its quest to improve its health IT infrastructure. Meanwhile, an EHR interoperability summit involving top government officials has been the talk of the town.

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3.3 - KTVH (NBC-12, Video): [New vet center gives Veterans more options](#) (11 December, Lindsey Ford, 2.3k online visitors/day; Helena, MT)

Helena will now have a new option for veterans who want access to mental health services. The new Helena Veteran Center located at 1301 Elm Street, will provide a second option for veterans who don't want to go to the larger Fort Harrison VA hospital. It will also create more capacity for mental health services.

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (Reuters): [Trump's Push to Cut Federal Jobs Has Modest Impact, Mostly in Defense](#) (12 December, Jason Lange, 24M online visitors/mo; Washington, DC)

President Donald Trump's campaign to shrink the "bloated federal bureaucracy" so far has made a small dent in the federal workforce, and that largely because of a decline in civilian defense jobs. Days after his Jan. 20 inauguration, Trump ordered a hiring freeze later replaced with an order for federal agencies to cut staff immediately, and in March he proposed a 2018 budget that sought to shift \$54 billion to the military from other departments.

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4.2 - The Post Standard: [Syracuse VA Medical Center appoints first woman director](#) (12, December, James T. Mulder, 3.2M online visitors/mo; Syracuse, NY)

The Syracuse VA Medical center has appointed its first woman director. Judy Hayman replaces James Cody, who retired in April. Hayman, who has been at the VA more than 10 years, has served as acting medical director since Cody's retirement. Hayman has a doctorate in psychology, is a member of the American College of Healthcare Executives and a graduate of the Health Care Leadership Development Program.

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4.3 - Bangor Daily News: [VA to hire three outreach staffers at Togus](#) (12 December, Jake Bleiberg, 1.2M online visitors/mo; Bangor, ME)

The U.S. Department of Veterans Affairs plans to hire three new staff members to help Maine veterans adjust to and cope with life outside the military. In next three months, the VA intends to hire a staffer to help Maine veterans navigate the criminal justice system, as well as state coordinators for its programs to connect returning veterans with health care and suicide prevention services.

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4.4 - Sentinel & Enterprise (Video): [Leominster firefighters show warm hearts in helping out two neighbors](#) (12 December, Amanda Burke, 80k online visitors/mo; Fitchburg, MA)

Roberta said she asked Veteran's Affairs for help six months ago making her home accessible. The city agency reached out to a contractor, she said, who called her back and told her it would cost \$4,000 to build a wheelchair ramp. They couldn't afford it. So Veterans' Affairs began searching for a donor, and Long said his department stepped up to help through the Leominster Firefighters Local 841 Community Outreach Fund.

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4.5 - WRNR (CMN-790, Audio): [Author John Rothschild, VA Medical Center](#) (12 December, 8.7k online visitors/mo; Martinsburg, WV)

John Rothschild, author of the best selling book: "Football Betting Made Easy". Also, from the Martinsburg VA Medical Center, Sarah Tolstyka, Sandy Spicher and Bobbi Corbin.

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4.6 - KBSI (FOX-23): [VFW riders donate to John J. Pershing VA Medical Center Veterans](#) (11 December, 200 online visitors/day; Cape Girardeau, MO)

The VFW Riders from District 15 recently made a significant donation to the John J. Pershing VA Medical Center's Community Living Center for Veterans. Voluntary Services Officer Donna Reynolds explained the donation will be used to purchase items the Veterans need.

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5. [Improve Timeliness of Service](#)

5.1 - Great Falls Tribune (Video): ['... they never give up on you': Veteran praises VA, pilots for saving life](#) (12 December, Phil Drake, 272k online visitors/mo; Great Falls, MT)

Ralph Pottratz becomes more than a little emotional when asked what he would like people to know about the care he has received over the years from the U.S. Department of Veterans Affairs. "If it weren't for the VA I'd be dead," the 80-year-old Great Falls resident said recently from his apartment at the Soroptimist Village.

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5.2 - KTXS (ABC-12, Video): [Brown County veteran being sued by hospital for unpaid fees](#) (12 December, Joshua Peguero, 195k online visitors/mo; Abilene, TX)

The Brownwood Regional Medical Center declined to comment to KTXS on pending litigation. McLaughlin said she initially told hospital administrators to use her VA benefits to cover the surgery. But, she said they asked for another form of insurance and that's when she gave them her private insurance.

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5.3 - KPAX (CBS-8, MTN News): [Bill aimed to help Billings veteran's struggles with VA signed into law](#) (12 December, 192k online visitors/mo; Missoula, MT)

A bill named for a Billings veteran suffering from toxic exposure during his service in the 1960s was signed into law by President Trump, U.S. Sen Jon Tester announced Wednesday. The bipartisan Gary Deloney and John Olsen Toxic Exposure Declassification Act declassifies the records of Project SHAD, the Shipboard Hazard and Defense program, which allows Olsen of Billings and others to access Veterans Affairs disability benefits and care.

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5.4 - WSHU (NPR-91.1, Audio): [Veteran Sickened By Plutonium After H-Bomb Accident Brings Class Action Suit](#) (12 December, Cassandra Basler, 26k online visitors/mo; Fairfield, CT)

When two Air Force planes collided in 1966, they released hydrogen bombs that sprinkled plutonium all over the Spanish countryside. Victor Skaar and nearly 1,600 service members got

sick after cleaning the spill. Skaar and Yale Law School interns have now filed what could be the first nationwide class action lawsuit in the U.S. Court of Appeals for Veteran Claims in Washington D.C., the highest court that handles disability benefits in the VA.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WRC (NBC-4, Video): [Veterans Affairs Asking Veterans to Return Benefit 'Overpayments'](#) (12 December, Susan Hogan and Perkins Broussard, 4.8M online visitors/mo; Washington, DC)

The U.S. Department of Veterans Affairs is sending thousands of overpayment notices telling veterans to pay back their benefits. When Navy veteran Isaac Daniel retired after 22 1/2 years of service, he qualified for disability benefits due to knee issues and near fatal intestinal problems. He started receiving monthly disability payments of \$1,100 in 2006. That's in addition to his retirement check of \$12,000 per month.

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7.2 - Star Advertiser: [Vietnam vet's indecision highlights the challenges of being homeless](#) (10 December, Dan Nakaso, 2.1M online visitors/mo; Honolulu, HI)

Art Minor, an outreach worker for the U.S. Department of Veterans Affairs, said older veterans such as Wheeler from the Vietnam era are particularly reluctant to seek out help, even if they're being victimized by other homeless people. "They have a lot of pride," he said. "It often takes significant things to happen in their lives before they reach out — like a sweep."

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7.3 - Florence Morning News: [Wreaths Across America set for Saturday at Florence National Cemetery](#) (12 December, 288k online visitors/mo; Florence, SC)

The annual Wreaths Across America event will be Saturday at Florence National Cemetery. The event, promoted by Rolling Thunder SC4, Blue Star Mothers of Coastal Carolina and Warrior Watch Riders of South Carolina, will start at noon at the committal shelter in the new section of the cemetery.

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7.4 - WBOY (NBC-12, Video): [Homeless veterans receive help in Clarksburg](#) (12 December, Mike Gilbert, 21k online visitors/mo; Clarksburg, WV)

New facilities and items were donated to homeless veterans on Tuesday. The Harrison County Elks Lodge 2875 presented Clarksburg Mission with \$250 worth of supplies. Th Mission has renovated new rooms and a community area to provide shelter for Vets who are living on the streets. Four Veterans were selected through the VA Hospital Homeless Veteran Program and will be the first to use the new amenities.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [West Virginia Pair Get Prison for Taking Veterans' Pills](#) (12 December, 24M online visitors/mo; Washington, DC)

Federal authorities say a West Virginia couple who conspired to steal painkillers from military veterans and sell some has been sentenced to prison. According to prosecutors, 28-year-old Amber Fox of Lesage faces two and a half years in prison after pleading guilty to mail theft. They say 39-year-old David Grove Jr. 39, of Chillicothe, Ohio, faces two years in prison for conspiracy to distribute the pain pills.

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8.2 - St. Louis Post-Dispatch: [Problems at St. Louis Veterans Home prompt governor to call for administrator's firing](#) (11 December, Kim Bell and Kurt Erickson, 8.9M online visitors/mo; St. Louis, MO)

Gov. Eric Greitens has replaced five members of the Missouri Veterans Commission after saying an outside investigation into the St. Louis Veterans Home found serious problems. In a press conference at the North County facility Monday morning, Greitens said he expected the nine-member Missouri Veterans Commission to meet this week.

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[1. Top Stories](#)

1.1 - U.S. News & World Report (AP): [VA Funds Additional Justice Outreach Positions in Maine](#) (12 December, 24M online visitors/mo; Washington, DC)

PORTLAND, Maine (AP) — U.S. Sen. Angus King is praising the U.S. Department of Veterans Affairs for funding for three new staff positions in Maine.

The VA announcement on Tuesday means there will be a second veterans' justice outreach specialist along with the first re-entry specialist in more than eight years to help veterans confronting homelessness and mental health and substance abuse issues.

King said veterans struggling with those problems "deserve our comprehensive support."

King had called on the VA Secretary David Shulkin in February to fund the positions within the Veterans Justice Program. He said "more resources need to be allocated to this program" in a state with one of the highest number of veterans per capita.

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1.2 - Portland Press Herald: [Agency adds new positions to help Maine veterans confronted by court issues](#) (12 December, Edward Murphy, 2.1M online visitors/mo; Portland, ME)

The federal Department of Veterans Affairs is adding three new positions in Maine to help veterans involved in court issues.

The positions, announced in Portland on Tuesday morning by the department's deputy secretary, Tom Bowman, include an outreach specialist to connect the department with veterans, along with a re-entry specialist to help veterans make the transition after serving time in jail, along with a suicide prevention coordinator.

The goal is to help avoid conduct by veterans dealing with homelessness, mental illness or substance abuse from becoming criminal matters by connecting the veterans with the services they need to deal with the court system and by working with law enforcement and the courts on the veterans' cases.

The positions were also announced by the office of U.S. Sen. Angus King, I-Maine, who this year called for the department to add staff in Maine.

"These new positions in Maine provide veterans with expanded access to specialists so they can get the treatments and services they need," King said in a statement issued by his office. "With the VA's announcement today, we have taken an important step to strengthen our community and better care for veterans across the state."

The rest of the state's congressional delegation also applauded the additional staffing.

“Tragically, too many of our veterans face extraordinary mental and health challenges when they return from service,” said U.S. Bruce Poliquin, R-2nd District, while U.S. Rep. Chellie Pingree, D-1st District, called the high rate of suicide among veterans “one of the most heartbreaking issues our country faces.”

Adria O. Horn, director of the Maine Bureau of Veterans’ Services, said the new positions will greatly increase the ability of state and federal veterans’ agencies to reach the state’s 117,000 veterans.

For instance, she said, the addition of another outreach specialist will allow the veterans’ agency to divide the state into two regions, allowing those specialists to reach more veterans and help connect them with services they need. She also said that the state currently has only one suicide prevention coordinator, along with another agency worker who splits time in that position, so an additional worker in that area will also help greatly.

Horn said the re-entry position is critical because veterans who are convicted of crimes lose their benefits if they serve more than 60 days in jail. The DVA position will allow the department to work with those veterans to try to regain those benefits and access veterans’ services, Horn said.

“The first 48 hours (following release from jail) is make-or-break time,” Horn said.

Bowman’s announcement came during a daylong symposium, sponsored by the department, focused on preventing suicide by veterans. The symposium will address issues such as barriers to care and accessing resources offered by the VA and community agencies.

Horn said that in 2014, 55 veterans in Maine committed suicide, but only six had been in contact with state or federal veterans officials before they committed suicide. Having more DVA specialists could help agencies identify those veterans, she said, and they may be able to help prevent the suicide through early intervention.

She said the 2014 figures represents the most recent data available.

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1.3 - Stars and Stripes: [VA faces higher-than-estimated costs, other challenges to implement ‘Forever’ GI Bill](#) (12 December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

WASHINGTON — The Department of Veterans Affairs will hire 200 temporary workers and shell out \$70 million to implement a major expansion of veterans’ education benefits — a process beset by communication and information technology challenges, veterans advocates and VA officials said Tuesday.

Higher-than-anticipated costs is one of a number of problems that the agency has faced for months of a yearlong charge to implement the “Forever” GI Bill, which contains 34 changes to veterans’ education benefits and boosts spending by \$3 billion for 10 years.

VA officials, along with two organizations that advocated for the reformed GI Bill — Student Veterans of America and Tragedy Assistance Program for Survivors — went to Capitol Hill on Tuesday to update lawmakers on its implementation.

“It’s our job to identify and solve problems and have a smooth, cost-effective implementation,” said Rep. Jodey Arrington, R-Texas. “I do have concerns about the focus this is getting from VA senior leadership. I hope they understand it will be no small feat to execute a reform initiative of this scale.”

Advocates have called the Forever GI Bill the most sweeping expansion of veterans education benefits in a decade.

The bill, named the Harry W. Colmery Veterans Educational Assistance Act after the author of the original GI Bill of Rights, increases payments to vets with less than one year of active-duty service, restores benefits to veterans whose schools abruptly close, awards full GI Bill benefits to all Purple Heart recipients and increases aid for veterans pursuing science, technology, engineering and mathematics [STEM] degrees, among other things.

It was dubbed the Forever GI Bill by supporters because it ends a 15-year limit on education benefits for veterans whose last discharge or release from active duty came on or after Jan. 1, 2013.

The bill was signed into law Aug. 16, and most of its provisions go into effect Aug. 1, 2018.

Of the 34 measures in the bill, 22 require “significant changes” to the VA’s IT systems, said retired Maj. Gen. Robert Worley II, director of VA education services. The agency determined costs to program its IT systems to recognize the changes in benefits would cost about \$70 million — an amount more than double the \$30 million originally estimated for the task.

“We have major concerns on whether or not the office implementing this law is receiving adequate resources to execute this overhaul,” said Will Hubbard, vice president of Student Veterans of America.

Worley said the VA was in the process of hiring 200 temporary employees who would process claims by hand until the IT system is improved. A 40-to 50-person team will be responsible for deciding which veterans would be eligible for increased aid for STEM degrees.

Student Veterans of America led the charge to expand veterans’ education benefits and is watching closely as the VA carries it out, Hubbard said. Besides funding, the organization is also worried about the VA’s outreach efforts.

The GI Bill expansion included a mandate to restore education benefits to veterans and military families affected by school closures, such as the shutdown of for-profit ITT Technical Institute in 2016. The VA has reached out to 8,000 people who might be eligible to have their benefits restored. So far, 250 have applied, according to Worley’s testimony. A 27-person team — part of the VA’s hiring efforts — will determine which veterans are eligible.

“We’re concerned so few students have applied for restoration of benefits,” Hubbard said. “We encourage VA to partner with external organizations, like SVA, to reach out to widest audience possible.”

But Worley said it's too early in the process to tell whether the outreach has worked. The VA sent the notifications Nov. 9.

"If we need more communication, we will do that," Worley said. "I don't know if it's realistic to expect 8,000 applications."

Portions of the Forever GI Bill went into effect this fall. TAPS, which is also involved in oversight of the bill's implementation, discovered delays in payments to GI Bill beneficiaries.

"Even with the few changes that went into effect, TAPS had issues with institutions of higher learning demanding payment from the student because of delayed VA payments," said Kathleen Moakler, director of TAPS. "Students receiving VA payments were not allowed to attend classes, register for spring 2018 or use campus facilities because the payment was delayed."

TAPS also told lawmakers that the VA inappropriately distributed letters to some veterans informing them they were no longer eligible for education benefits because they had hit the 15-year limit. Because of the new law, that limit no longer applies to some veterans who received the letter.

Worley said the VA would send more letters telling those veterans to disregard the notice.

"This is why people have no faith in government," said Rep. Kathleen Rice, D-N.Y. "You pass a historic piece of legislation, and the agency responsible for implementing it doesn't have the tools to implement it. It's so disappointing."

Lawmakers will continue to receive periodic updates from the VA about the implementation process.

Worley and other VA officials present Tuesday said they were confident the expansion would be fully in place before the 2018 school year.

"In just under four months, VA has moved out quickly and is working hard on successfully implementing all of the provisions of the Colmery Act on time," Worley said. "There is a great deal of work remaining, but VA has taken significant steps since the law's signing."

A full breakdown of changes to the GI Bill is available on the VA website at benefits.va.gov. and veterans can follow updates on its implementation at the VA's Post-9/11 GI Bill Facebook page.

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1.4 - Stars and Stripes: [VA urges Congress to approve funding by end of year or see 'dramatic impact' on vets care](#) (12 December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

WASHINGTON — Veterans' health care will be dramatically affected if Congress finishes out the week without funding a program that permits many veterans to receive private-sector medical care, Department of Veterans Affairs Secretary David Shulkin warned Tuesday.

The Veterans Choice program will be depleted of funds within three to five weeks, Shulkin wrote in a notice to Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans' Affairs Committee.

Without more money, the VA will soon stop referring patients to their private-sector doctors, he said.

Shulkin warned it could lead to diminished access to health care for veterans. The Choice program was established in 2014 to improve VA wait times and allow veterans to receive treatment closer to their homes. Since it was implemented, 1.9 million veterans have used the program at some point, and about one-third of VA medical appointments are completed in the private sector, according to the VA.

“VA’s other community care programs will not have the capacity to handle all of the patients who will transition from [the Choice program], and the wait time for appointments at VA facilities will rise if large numbers of veterans return to VA to seek care,” Shulkin wrote. “Taking these actions would have a number of negative consequences, including decreased access to care, damaged community partnerships and interrupted care continuity for veterans.”

The VA was in the same position just four months ago. The Choice program nearly ran out of money in mid-August before Congress passed a bill providing \$2.1 billion in emergency funding to keep it going.

In the time since, lawmakers have negotiated legislation to reform the Choice program. Three bills now exist in Congress to provide temporary funding for Choice and create a new system for private-sector care, but lawmakers haven’t come to an agreement on one of them.

In the past few months, Shulkin shared his own proposal for overhauling community care programs and has urged Congress repeatedly to approve reform legislation before the end of the year.

The House is expected to recess Thursday, followed by the Senate on Friday.

In response to the letter, Isakson issued a statement Tuesday asking Senate leadership to schedule a vote on the Caring for Our Veterans Act – a Choice reform bill that his committee sent to the Senate floor Nov. 29. The legislation, totaling \$54 billion, would provide \$3 billion to the Choice program and phase it out after one year.

“It is critical that we pass this bipartisan legislation before the end of the year to ensure veterans continue to have access to efficient, timely and quality health care,” Isakson said in the written statement. “I urge the Senate to quickly pass this bipartisan legislation without delay.”

In a statement last week, Shulkin pleaded with Congress to pass another emergency funding bill for the Choice program before the end of the year, and then come back in 2018 to discuss major reforms. With only days remaining before the holiday recess, that option was looking more likely Tuesday.

Shulkin wrote the VA spends between \$200 million to \$400 million each month on appointments made through the Choice program. As of Dec. 7, there was \$490 million remaining, but much of that had already been spent in December.

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2. Greater Choice for Veterans

2.1 - Erie News Now: Construction Milestone At Erie VA Medical Center (12 December, Paul Wagner, 147k online visitors/mo; Erie, PA)

A huge construction project at the Erie VA Medical Center reached a major milestone today.

And a ceremony marked the progress at the new \$11 million boiler plant.

It was called a topping off ceremony, with a wreath marking the end of the structural phase of the project.

Nearly 50 union craftsmen took a break to join the event.

The three new natural gas boilers will provide all the steam heat needed to warm the entire VA complex, including other new construction projects also underway.

And the boilers are 85% more efficient than the current boilers installed in 1951.

While the new boilers are in place, crews still need to get all the systems hooked up, tested and ready for use.

Erie VA Medical Center General Engineer Rob Petrone said, "Now we've got to finish all the piping, get all the steam pipes back together, get the pipes insulated and getting controls on line. So there is an extensive process they have to go through when they test all the controls to make sure the boilers are working efficiently."

Crews expect the new boiler plant to be up-and-running sometime in April.

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2.2 - KKCO (NBC-11, Gray Television, Video): Rep. Lamborn looking to provide private health care choice for veterans (12 December, Peter Zampa, 64k online visitors/mo; Grand Junction, CO)

WASHINGTON (Gray DC) - A different approach to veterans' health care is in the works in Washington. Rep. Doug Lamborn (R-CO) says if the Veterans Affairs health care system isn't working for our veterans, they should be able to get care elsewhere. His legislation allows them to opt out of VA care to use civilian medical providers. Lamborn says it's time to change the way we do things.

Rep. Lamborn (R-CO) says we need to move away from the status quo when it comes to health care for veterans.

"I think our veterans deserve bold and significant reform," said Lamborn.

He says in places like Colorado Springs, the VA is not up to snuff, with veterans subjected to long wait times seeking help for PTSD. Lamborn introduced the Veterans Empowerment Act that would give veterans a choice of VA care or private care.

"There are very routine things that a private provider can do just as well or better," said Lamborn.

Lamborn says veterans are currently required to ask permission to go private with their care. He wants to do away with the bureaucracy and the status quo, which he says, are preventing veterans from getting high-quality care.

"It would produce a lot more significant change than the incremental reform measures that are being proposed right now," said Lamborn.

Lamborn is looking to revolutionize veteran care because he says efforts in Congress haven't gone far enough. Some veterans groups say his proposal would dismantle the VA health care system.

"You're putting over 8 million veterans without the health care that they prefer to use," said Kayda Keleher from Veterans of Foreign Wars.

She says many veterans she speaks to want to see a fix for VA rather than let it fall by the wayside. Keleher says veterans get unparalleled care through VA with a deep understanding of veteran-specific issues and a sense of community. She says some locations have problems, but in general VA is getting better.

"Our members have definitely noticed a huge improvement over the last three years, and they're excited to see things keep improving," said Keleher.

Lamborn's legislation currently has two co-sponsors. It's unknown if it will ever come up for a vote.

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2.3 - FEDweek: [Congress Backs Outside Audits of VA](#) (12 December, 51k online visitors/mo; Washington, DC)

The House has joined the Senate in passing S-1266, which authorizes the VA to contract with a nonprofit organization that accredits health care organizations and programs to investigate a VA medical center to assess and report deficiencies of the center's facilities.

The VA could delegate such authority to the Veterans Integrated Service Network in which the medical center is located or to the director of such medical center. Before entering into a contract, a VISN director or a medical center director would notify VA headquarters, the department IG and the GAO, in order to coordinate a contracted investigation with any other ongoing investigations.

"The directors have the best perspective of what is going on at their facilities and unfortunately in the past VA inspector general reports have not matched the reality on the ground. It's important we hold care providers accountable to the highest standards of excellence for our veterans and I'm proud to introduce legislation that does just that," sponsor Sen. James Inhofe, R-Okla., said in a statement.

President Trump is expected to sign the bill.

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3. Modernize Our System

3.1 - KTHV (CBS-11, Video): [Arkansas Veteran Affairs fighting backlog with Telebenefits](#)
(12 December, Winnie Wright, 617k online visitors/mo; Little Rock, AR)

In 2013, the world's attention was on the Department of Veteran Affairs as they faced issues of backlogged claims. At its peak, those seeking benefits for the first time, with cases that took more than four months to process, were in the hundreds of thousands.

For veterans with physical or financial limitations it can be very difficult to get to Little Rock in order to access claims or benefits promised to them after their service. Arkansas is hoping to be on the cutting edge of technology by offering veterans the help they need from the comfort of their home town.

For many Arkansas veterans, gone are the days of calling a 1-800 number with questions about claims and benefits.

The VA Regional Office in North Little Rock is now offering Telebenefits by video conference with veterans in their local clinic.

"When this concept came about, I was a little leery," said Antoine Gordon with the VA, "but now that I've had the chance to experience it, I understand that it is a very good program that's beneficial to all of our veterans."

For the first time, veterans outside of Little Rock will get to work with a representative face-to-face without having to travel.

"What I've found is, a lot of our older veterans really don't like the experiences they've had over the telephone, so when they get the opportunity to see the person they feel is associated with their claim, it eases their tension and I can answer a lot of those questions that the representatives on the phone may not be able to," Gordon said.

Dalton Hatfield told us he was told about the Telebenefits program when he asked about filing a claim during a check up.

"It's less time off work and more money on the paycheck in the end," Hatfield said.

"We always knew these veterans were out there throughout the state. Now we can help them, and that makes us very proud," said Lisa Bruen, Director of the VA Regional Office in North Little Rock.

She said Telebenefits is one way of righting some of the VA's past wrongs.

"We have made great strides reducing our backlog and we want to obviously continue that, but the relationship with the veteran is the next step," Bruen said.

Searcy and Texarkana's local clinics were the first to roll out Telebenefits at the beginning of the year. Tomorrow, the Pine Bluff clinic will get the capability.

At the first of the year, the VA will look at rolling out in Mena and in El Dorado.

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3.2 - MedCity News: [Three takeaways on the VA, VistA and government health IT](#) (12 December, Erin Dietsche, 478k online visitors/mo; New York, NY)

A new study from the U.S. Government Accountability Office dug deeper into what's happening with the Department of Veterans Affairs and its quest to improve its health IT infrastructure. Meanwhile, an EHR interoperability summit involving top government officials has been the talk of the town.

Here are three takeaways regarding the report and the meeting.

Modernization costs

According to the GAO, the VA has attempted to update its EHR system — the Veterans Health Information Systems and Technology Architecture (or VistA) — numerous times over the past 20 years. These attempts include the iEHR program and the VistA Evolution program.

While the iEHR program set out to replace the separate systems used by the VA and the Department of Defense with a single system, the VistA Evolution program wanted to improve VistA with new capabilities and a different user interface.

From fiscal year 2011 to fiscal year 2016, the VA contracted with 138 vendors and dedicated more than \$1.1 billion to these two programs. The 15 main contractors that worked on the efforts cost the VA \$741 million.

Only recently did the department announce that it will switch to a Cerner EHR system instead of modernizing its legacy system.

FITARA-related efforts

The GAO report also touches on the Federal Information Technology Acquisition Reform Act, otherwise known as FITARA. Enacted by Congress in late 2014, it focuses on how the government purchases and managed technology.

The VA has worked toward consolidating its data centers and reported \$23.61 million in data center-related cost savings. But the progress isn't quite enough, as it "has fallen short of targets set by the Office of Management and Budget." On top of that, the VA doesn't anticipate more savings regarding data centers.

More on federal health IT

In other health IT news, a December 12 summit between a number of top officials has garnered the attention of the healthcare world.

Jared Kushner, President Donald Trump's son-in-law and the leader of the Office of American Innovation, will lead the event along with CMS Administrator Seema Verma. The meeting will focus on EHR interoperability, according to Politico.

A few other prominent folks will be there, including National Coordinator for Health IT Don Rucker, Intermountain Healthcare CEO Marc Harrison and CMO Officer Stan Huff, a representative from Cerner and The Sequoia Project CEO Mariann Yeager.

As Politico also pointed out, the summit does have ties to the goings-on of the VA. Earlier this year, Kushner boasted about how quickly the VA secured the Cerner deal.

According to leaked audio, Kushner claimed that with his assistance, the department was able to sort out a solution in a two-week time frame.

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3.3 - KTVH (NBC-12, Video): [New vet center gives Veterans more options](#) (11 December, Lindsey Ford, 2.3k online visitors/day; Helena, MT)

Helena will now have a new option for veterans who want access to mental health services.

The new Helena Veteran Center located at 1301 Elm Street, will provide a second option for veterans who don't want to go to the larger Fort Harrison VA hospital. It will also create more capacity for mental health services.

"We will treat any combat veteran from any era and it can be anything that they are looking for help with. It can be from depression, from anxiety, can be from PTSD, traumatic brain injury," said Eric Cattenring, Veteran Center Director for the Helena location.

As of Monday, the new VA Center had empty rooms, but come early January, all the furnishings will be put in.

"You can see it doesn't look like home right now but it should look like home in a couple of weeks," said Cattenring.

Cattenring said they hope to serve around 50 to 100 veterans once the facility is up and running.

"Its just going to be (a) comfortable safe place in our community where veterans can come", said Cattenring.

Cattenring is a veteran himself and said he served 25-years in the Army and Army Reserves, including time in Iraq. He said being a veteran, he has an understanding of what veterans need.

"You'll find things where veterans will come and get a cup of coffee, they will sit down and want to warm up on a cold day, other veterans might want to come here and start an AA meeting, but you'll find them come and typically express what it is that they are seeking," Cattenring added.

Cattenring said ultimately they will offer ways to help connect veterans with each other with activities such as a book club or a walking group. They will also be available to help military sexual trauma survivors.

"We also try to do everything for them just like we would for a combat veteran without differentiating between the types of trauma they were exposed to," said Cattenring.

Veterans and service members can continue to seek care from the temporary office at the Helena Job Service at 715 Front Street until the VA center is operational.

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (Reuters): [Trump's Push to Cut Federal Jobs Has Modest Impact, Mostly in Defense](#) (12 December, Jason Lange, 24M online visitors/mo; Washington, DC)

WASHINGTON (Reuters) - President Donald Trump's campaign to shrink the "bloated federal bureaucracy" so far has made a small dent in the federal workforce, and that largely because of a decline in civilian defense jobs.

Days after his Jan. 20 inauguration, Trump ordered a hiring freeze later replaced with an order for federal agencies to cut staff immediately, and in March he proposed a 2018 budget that sought to shift \$54 billion to the military from other departments.

However, federal civilian jobs declined around 6,000 in the first nine months of this year, or just 0.3 percent of 2.1 million such jobs tracked by the Office of Personnel Management, according to Reuters calculations based on the latest OPM data published in late October.

The White House Office of Management and Budget declined to comment on the overall drop in federal employment or the mix of job gains and losses across agencies. The Office issued in April the order for agencies to start near-term staffing cuts and to submit plans for longer-term reductions by September.

Trump has not detailed how much "fat" he aims to cut, but spoke of "billions and billions of dollars" of government waste and his aim to shrink the "bloated federal bureaucracy" while preparing his budget proposals in March.

Independent watchdogs agree the federal government could be made more efficient, with Congress's Government Accountability Office estimating in April that overlap and duplication lead to "tens of billions" of dollars in unnecessary spending.

Before Trump, Democrats Barack Obama and Bill Clinton and Republican George W. Bush have all spearheaded various efforts to streamline government bureaucracy.

David Lewis, a political science professor at Vanderbilt University, said this year's numbers showed that Trump's executive orders had limited power to reshape the federal bureaucracy. Ultimately, the Congress controlled the budgets and had the biggest sway over agencies' staffing, said Lewis, whose research has largely focused on executive branch politics and public administration.

The White House has said agencies' longer-term workforce reduction plans will serve to develop Trump's 2019 budget proposal.

The overall decline in federal staffing this year is largely due to a roughly 9,500 drop at the Department of Defense to about 731,000, a 1.3 percent decline, even though Trump's budget proposal envisaged small increases between 2016 and 2018 in employment measured by hours worked.

Pentagon spokesman Dave Eastburn said hiring was slow during the White House-ordered freeze, but exemptions allowed recruitment for mission-critical positions and military readiness was never affected. He described the decrease in staffing this year as "well within historical norms."

In fact, the number of active-duty service personnel, which was exempt from the hiring freeze, grew by about 7,000 in the 12 months through September, according to Defense Department data.

Still, cuts in the civilian staff could push more work onto relatively expensive contractors and military officers, potentially raising costs over time, said Scott Amey, general counsel at the Project on Government Oversight, a non-partisan watchdog group.

"If we're just cutting jobs to cut jobs then mistakes are likely to be made," Amey said after reviewing Reuters' calculations of OPM data.

Mallory Barg Bulman, a researcher at the Partnership for Public Service, a non-partisan nonprofit, said targeting the number of jobs in general was not the best way of improving how the bureaucracy works.

"A hiring freeze is not the answer to making the government more effective," said Barg Bulman. Instead, agencies should invest more in training to boost productivity, she said.

The OPM figures, which exclude the postal service and some smaller independent agencies, showed the declines were in part offset by staffing gains - totaling about 9,000 - at the homeland security and veterans affairs departments. Much of the gains were in divisions that control immigration and in medical care for former soldiers, areas Trump has identified as priorities.

The Department of Veterans Affairs did not respond to a request for comment. A spokeswoman at the Department of Homeland Security said staffing increases owed to revised recruitment strategies as well as temporary hiring for hurricane relief efforts.

Some staffing ups and downs at agencies are part of long-standing budget issues or seasonal factors. The Treasury Department lost staff largely due to budget cuts ordered by Congress in past years for its tax collection service, while the departments of interior and agriculture saw increases due to seasonal hiring.

(This version of the story has been refiled to clarify description of the Partnership for Public Service in paragraph 15)

(Reporting by Jason Lange; Additional reporting by Phil Stewart and Jeff Mason; Editing by Tomasz Janowski)

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4.2 - The Post Standard: [Syracuse VA Medical Center appoints first woman director](#) (12, December, James T. Mulder, 3.2M online visitors/mo; Syracuse, NY)

The Syracuse VA Medical center has appointed its first woman director.

Judy Hayman replaces James Cody, who retired in April. Hayman, who has been at the VA more than 10 years, has served as acting medical director since Cody's retirement.

Hayman has a doctorate in psychology, is a member of the American College of Healthcare Executives and a graduate of the Health Care Leadership Development Program.

"Her sound leadership qualities and proven experience will be valuable assets for the facility, the employees and volunteers, and most importantly, for the veterans we are honored to serve," said Dr. Joan E. McInerney, director of Veterans Integrated Service Network 2.

The Syracuse VA is a 136-bed referral center that includes a 16-bed psychiatric unit, a 48-bed community living center and a spinal cord injury center. It is a teaching facility affiliated with Upstate Medical University and operates outpatient clinics in Massena, Watertown, Auburn, Rome, Oswego, Binghamton and Freeville.

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4.3 - Bangor Daily News: [VA to hire three outreach staffers at Togus](#) (12 December, Jake Bleiberg, 1.2M online visitors/mo; Bangor, ME)

PORTLAND, Maine — The U.S. Department of Veterans Affairs plans to hire three new staff members to help Maine veterans adjust to and cope with life outside the military.

In next three months, the VA intends to hire a staffer to help Maine veterans navigate the criminal justice system, as well as state coordinators for its programs to connect returning veterans with health care and suicide prevention services.

VA Deputy Secretary Thomas Bowman announced the new positions during a symposium on veteran suicide at the University of Southern Maine Tuesday. The staffers will be based at the Togus VA Medical Center in Augusta but are expected operate statewide, according to Ryan Lilly, director of the medical center.

"Veteran suicide is a significant problem for the state and the country," said Lilly, noting people who have served in the military are more likely than civilians to die by suicide. "These are critical needs for the system and all three positions will help."

The new positions will give Maine a second VA employee in the Veterans Justice Program — which focuses on criminal justice, homelessness, addiction and coordinating between the department and local law enforcement — and a third focused on suicide prevention, according to Lilly and a spokesperson for U.S. Sen Angus King.

As of 2014, the rate of veteran suicide in Maine exceeded the national average by nearly 10 percent, according to the VA. With 55 veteran suicides in that year, Maine's rate also surpassed the average in the Northeast by more than 17 percent.

King had urged the VA in February to fund two of the new positions.

All four members of Maine's congressional delegation applauded the Tuesday announcement.

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4.4 - Sentinel & Enterprise (Video): [Leominster firefighters show warm hearts in helping out two neighbors](#) (12 December, Amanda Burke, 80k online visitors/mo; Fitchburg, MA)

LEOMINSTER -- The Fire Department showed up Monday with a pile of lumber and plans to build a wheelchair ramp for a disabled veteran, only to learn last minute that regulations at his mobile-home park prohibited them.

"I'm feeling kind of sick to my stomach," Lt. Craig Long said. "Thinking that we were going to have this guy able to get out of his house ... get some fresh air, now I don't know how long that's going to be."

Long spoke after learning about the no-ramp rule alongside nearly 20 other Leominster firefighters. They had arrived Monday morning to build a ramp so that 77-year-old retired Navy seaman Donald Denoncourt could come and go from his home without assistance.

The crew had already broken ground when around 11 a.

Sentinel and Enterprise staff photos can be ordered by visiting our SmugMug site. m. a property manager at Meadowbrook Acres walked over, clipboard in hand. The manager gave Long unwelcome news: Wheelchair ramps violate building codes at the mobile-home park where the veteran lived.

The firefighters' work ground to a halt. Long approached Denoncourt, who sat in his wheelchair, having been lifted down the front stairs by firefighters to watch them work.

"We're not done," Long told Denoncourt. "We're going to keep working at it, and we'll find some way to make it work. The Fire Department's there for you."

Denoncourt replied, "I appreciate it, I feel bad for you."

Long and his team moved on to Plan B.

They would begin searching for electrical wheelchair lift, whose installation would not violate the property's building codes and would allow Denoncourt to come and go from his home without assistance.

After serving four years in the Navy from 1958-62, Denoncourt worked as a dye and tool maker, his wife, Roberta, explained inside their home on Monday.

He was diagnosed two years ago with Parkinson's disease, an incurable disorder that affects the body's central nervous system, making it difficult for Denoncourt to move or speak.

Sentinel and Enterprise staff photos can be ordered by visiting our SmugMug site.
"He can go down the stairs on some days, it depends, he has good days and bad," she said.

Roberta said she asked Veteran's Affairs for help six months ago making her home accessible. The city agency reached out to a contractor, she said, who called her back and told her it would cost \$4,000 to build a wheelchair ramp.

They couldn't afford it. So Veterans' Affairs began searching for a donor, and Long said his department stepped up to help through the Leominster Firefighters Local 841 Community Outreach Fund.

"The Fire Department, they're wonderful," said Roberta, who is herself battling cancer. "They said, 'You're not going to pay anything, we're going to handle it, he's one of our own, we're brothers.' "

It is perhaps because of that sense of fraternity that Long and his team refused to give up after plans for the ramp were scuttled.

A solution was found swiftly. The property manager told Long that Denoncourt's neighbor, Marlene Thibeault, may just have an electric lift that she was not using.

Long walked to Thibeault's residence one street over, and knocked on her door. The two began talking. Thibeault told Long the ramp belonged to her husband, who died several years earlier.

Sympathetic to the Denoncours' dilemma, Thibeault donated the electric lift to the cause. Long soon learned Thibeault, too, was in need of help.

Water was leaking through the roof around the skylight in her mobile home. The firefighters, a couple of them licensed contractors and another an electrician, decided to help Thibeault.

In light of her generosity with the lift, the firefighter's bought Thibeault a brand new skylight and installed it.

By 5:30 p.m., they were still working under floodlights on Thibeault's roof and Denoncourt's front door.

"My guys are unbelievable," said Long. "In the end we're helping out two people, and the neighbors are helping out each other."

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4.5 - WRNR (CMN-790, Audio): [Author John Rothschild, VA Medical Center](#) (12 December, 8.7k online visitors/mo; Martinsburg, WV)

John Rothschild, author of the best selling book: "Football Betting Made Easy". Also, from the Martinsburg VA Medical Center, Sarah Tolstyka, Sandy Spicher and Bobbi Corbin.

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KBSI (FOX-23): [VFW riders donate to John J. Pershing VA Medical Center Veterans](#) (11 December, 200 online visitors/day; Cape Girardeau, MO)

POPLAR BLUFF, MO (Heartland News at 9) - The VFW Riders from District 15 recently made a significant donation to the John J. Pershing VA Medical Center's Community Living Center for Veterans.

Voluntary Services Officer Donna Reynolds explained the donation will be used to purchase items the Veterans need.

Those interested in volunteering or donating may contact Reynolds at 573-778-4275, Voluntary Services Specialist, Chris Luecke at 573-778-4276 or Voluntary Services Assistant, Dale Day at 573-778-4499.

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[5. Improve Timeliness of Service](#)

5.1 - Great Falls Tribune (Video): ['... they never give up on you': Veteran praises VA, pilots for saving life](#) (12 December, Phil Drake, 272k online visitors/mo; Great Falls, MT)

Ralph Pottratz becomes more than a little emotional when asked what he would like people to know about the care he has received over the years from the U.S. Department of Veterans Affairs.

"If it weren't for the VA I'd be dead," the 80-year-old Great Falls resident said recently from his apartment at the Soroptimist Village.

"I cannot say enough good things about them," he said, choking back tears.

And his praise doesn't stop there. He also heaps a generous portion of kind words on to Angel Flight West, a group of volunteer pilots who shuttled him aboard private planes from Great Falls to Salt Lake City for surgery, at no cost. And he adds that one of the pilots drove him from the airport to the hospital.

In times of criticism of the VA and big changes to the system, Ralph's praise is not unique, one Montana VA official said, but it is very welcome.

Ralph, a widower, said he has been using VA services for at least 12 years.

"They are so efficient and so good, and they never give up on you," he said. "Everywhere I go with the VA, they treat you so nice. It's not like you're a monetary number."

He knows his comments will spark debate, but says he's ready for it.

He said he usually tells people to “get their facts straight,” when he hears complaints, adding they should compare what they pay to the amount they would have to pay if charged a civilian rate.

Ralph rattles off a litany of ailments he has been treated for through the VA, ranging from heart blockage, diabetes, back fusions, sinus problems, colon cancer and eye surgeries.

“Their equipment is first class, and their people are first class,” he said.

And he notes his monthly medications, which would cost up to hundreds of dollars each, come to him for \$8 each through the VA.

He served in the U.S. Air Force from 1957 to 1962, or, as he likes to put it: “Four years, five months, 28 days, 12 hours, 36 minutes and 41 seconds” and left as an airman 1st class.

He said he walked out the gate one day at Malmstrom Air Force Base on his way out of the service and walked through the same gate the next day as an employee of Boeing Aircraft Co. to build Minuteman missiles.

Ralph’s story is not just about one veteran, but about the many people and agencies that helped him.

It’s about the California-based Angel Flight West, which coordinated Ralph’s flight. It’s about the retired doctor in Helena who filled his Cessna with gas, all on his own dime, and flew Ralph to Idaho where another Angel Flight volunteer picked him up.

Cheri Cimmarrusti, associate executive director of Angel Flight West, remembers Ralph. “It just so happens I picked up the phone the day that Ralph called,” she said. “We worked on his flights and helped get him pilots. He was just the sweetest guy.”

She has relatives in Great Falls and said she joked to Ralph that he didn’t have to thank her, but if she ever visited Great Falls again, he owed her an Italian dinner at Borrie’s.

Cimmarrusti said Angel Flight West does about 4,500 flights a year. People who use the service must have some compelling reason for using them such as financial necessity, a condition in which their immune system could be compromised, or live in a rural area where air service is not available.

In 2017, the group has flown 65 missions in Montana, ferrying 60 unique passengers.

She said it is all volunteer, and pilots are not paid, even for gasoline expenses.

“Most pilots feel they are blessed to be a pilot and have the ability to fly and give back to the community,” Cimmarrusti said.

Reg Goodwin is one of them.

The retired doctor has been flying since 1973, when he worked for Cessna in Wichita, Kansas. He said the company gave employees the opportunity to learn to fly.

Goodwin, who moved to Helena in 1975, owns a Cessna 182, which he says is commonly known as “the pickup truck of the sky.” It was built the same year he started working for Cessna.

He, along with pilots Paul Hicks, Louis Rossi and Charles Jones shuttled Ralph from Great Falls to Salt Lake City.

“I’ve had one blessing after another in my life ... this feels like a chance to give back to what I’ve received,” Goodwin, 71, said. “And this feels like a chance to give back what I’ve received.”

And he’s had repeat customers. There is a girl from the Hi-Line he has been flying since she was 3, and she is now a college student in Bozeman.

He said some people sleep throughout the flight, some are enchanted by the view and some talk.

“Most people are always frightened and hurting,” Goodwin said. “They are going in for scary stuff and devastated by medical conditions.”

And the job comes with some heartbreak, Goodwin said.

“The children are the hardest — taking little kids to cancer camp when you know they aren’t going to be around in a year or two — yeah, that is tough,” he said, his voice trailing off.

“Their ability to live in the moment is humbling.”

And Ralph says his story is about the doctors, nurses and other medical staff who have helped him over the years.

Ralph does have some criticism for the VA as he doesn’t try to defend the Veteran’s Choice program, which lets veterans get health care outside the VA system. It has faced criticism from vets who have labeled it as dysfunctional and full of delays.

“Everybody I talk to is disappointed with the Veteran’s Choice program,” he said.

Ralph Pottratz says that every time he gets treated by the VA he thanks the doctors and the nurses for helping him.

Kirby Ostler, assistant director for the Montana VA Health Care System, said Veterans Choice is “difficult” to work with. He said it was imposed upon the VA by Congress and “we are trying to wade through it.”

But he was heartened by Ralph’s praise of VA in general. He said on a recent day he received three letters from veterans who had been helped by the VA.

Two praised the service they received.

The other? Not so much.

“People are often complimentary to us,” he said. “It’s actually much-needed in the ever-changing VA we have now with media sources and certain agendas.”

"It makes one question how many strong supporters we have out there."

Ostler said the Montana VA has been able to improve its ratings. He urges people people to attend town hall meetings and ask questions.

"The more conversations we have, the better," he said.

In September, the Montana VA Health Care System received a three-star rating for quality, improving its one-star grade from earlier this year. Montana's federal lawmakers were happy with the news, but some remain guarded in their comments.

Some called it a good first step, and noted that five stars was the top rating.

However, Democratic Sen. Jon Tester noted at the time they need to get treatment to veterans more quickly, but "veterans tell me overwhelmingly that they like the care they receive at VA Montana once they get in the door."

According to the report, Montana VA had greatly improved mental health continuity of care, health care-associated infections, in-hospital complications, efficient and appropriate health care service admissions and continued treatment. It also improved its overall rating in an inpatient survey.

Ralph says that every time he gets treated by the VA he's sure to thank the doctors and the nurses for helping him.

"They say 'Thank you for your service,'" he said. "I say 'Don't thank me, thank you.'"

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5.2 - KTXS (ABC-12, Video): [Brown County veteran being sued by hospital for unpaid fees](#)
(12 December, Joshua Peguero, 195k online visitors/mo; Abilene, TX)

BROWNWOOD, Texas - A Brownwood hospital is taking a disabled veteran to small claims court over unpaid fees after she received emergency surgery two years ago.

But Gayla McLaughlin says she was under the impression her VA benefits would've covered the visit, which is now costing her nearly \$2,000.

McLaughlin, who spent 17 years in the U.S. Air Force working as a nurse, said in November of 2015 she underwent emergency surgery at Brownwood Regional Medical Center. Doctors removed her appendix.

"I think that this is an issue that's bigger than just my surgery at Brownwood Regional," she said. "This is something that's very pertinent to veterans."

She's scheduled to appear on Jan. 4 in small claims court before the Brown County Justice of the Peace of precinct one in order to settle her nearly \$2,000 hospital bill.

The Brownwood Regional Medical Center declined to comment to KTXS on pending litigation.

McLaughlin said she initially told hospital administrators to use her VA benefits to cover the surgery. But, she said they asked for another form of insurance and that's when she gave them her private insurance.

"We haven't been able to resolve it because I used my private insurance. I didn't use my VA benefits and so there's no way for them to go back and change the paperwork and re-file," McLaughlin said.

Brown County Service Officer James Masters told KTXS he's seen situations like McLaughlin's play out plenty of times.

"You've got to think very hard where we are in the rural areas, whether it is an emergency," Masters said.

Masters said the VA generally covers emergency room visits only if there's a loss of limb or life.

He recommends veterans visit their local VA clinic and get the help of a patient advocate, who can help them with disputing a hospital's bill.

According to the Department of Veteran Affairs, the best way for a veteran to get emergency treatment is at a VA Medical Center. The closest one to Brownwood is located in Waco.

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5.3 - KPAX (CBS-8, MTN News): [Bill aimed to help Billings veteran's struggles with VA signed into law](#) (12 December, 192k online visitors/mo; Missoula, MT)

A bill named for a Billings veteran suffering from toxic exposure during his service in the 1960s was signed into law by President Trump, U.S. Sen Jon Tester announced Wednesday.

The bipartisan Gary Deloney and John Olsen Toxic Exposure Declassification Act declassifies the records of Project SHAD, the Shipboard Hazard and Defense program, which allows Olsen of Billings and others to access Veterans Affairs disability benefits and care.

Olsen, a Navy veteran, worked on the project testing biological and chemical weapons and was exposed to highly toxic carcinogens. He has fought cancer four times, and the VA had denied his claims because he lacked documentation from the classified project, according to Tester's office.

The bill was included in the 2018 National Defense Authorization Act, a \$700 billion bill that funds the military. Trump signed the bill Tuesday at the White House.

"It's taken a long time, but I'm happy that we've reached this point. I appreciate Jon Tester's work to get my records declassified. We've finally gotten to the point we should have gotten to 50 years ago. There are a lot of people that will be excited to hear about this," Olsen said in a statement from Tester's office.

Gary Deloney, the other veteran named in the bill, served in the Navy in the 1960s and died in 2015. He lived in Kansas, along with Tester's co-sponsor of the bill, Republican Sen. Jerry Moran.

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5.4 - WSHU (NPR-91.1, Audio): [Veteran Sickened By Plutonium After H-Bomb Accident Brings Class Action Suit](#) (12 December, Cassandra Basler, 26k online visitors/mo; Fairfield, CT)

When two Air Force planes collided in 1966, they released hydrogen bombs that sprinkled plutonium all over the Spanish countryside. Victor Skaar and nearly 1,600 service members got sick after cleaning the spill.

Skaar and Yale Law School interns have now filed what could be the first nationwide class action lawsuit in the U.S. Court of Appeals for Veteran Claims in Washington D.C., the highest court that handles disability benefits in the VA.

Meghan Brooks, a law student at Yale's Veterans Legal Services Clinic, says the VA fails to recognize that radiation exposure caused Skaar's blood disorder and cancer.

"For the most part these veterans really feel like they've been forgotten. Not just by the public, but especially by the VA."

Brooks says if the lawsuit is allowed to move forward, then it would affect everyone who has filed a disability benefits claim related to the Palomares incident. She says the VA wants to oppose the motion for class action.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WRC (NBC-4, Video): [Veterans Affairs Asking Veterans to Return Benefit 'Overpayments'](#) (12 December, Susan Hogan and Perkins Broussard, 4.8M online visitors/mo; Washington, DC)

The U.S. Department of Veterans Affairs is sending thousands of overpayment notices telling veterans to pay back their benefits.

When Navy veteran Isaac Daniel retired after 22 1/2 years of service, he qualified for disability benefits due to knee issues and near fatal intestinal problems. He started receiving monthly disability payments of \$1,100 in 2006. That's in addition to his retirement check of \$12,000 per month.

With a wife and five children all under the age of 19, Daniel relied on both checks.

"Up until this point, I had wonderful things to say about the VA," he said. "But out of the blue this thing happened."

The VA's debt management center sent Daniel a letter in 2016 stating it paid him \$18,000 more than what he was "entitled to receive."

"Once I retired, I still had children and a wife, and in 2006 they said you didn't have them anymore, according to their records," he said.

The VA told Daniel he never updated nor returned a dependent verification form sent to him.

"They said they sent it," he said. "I never received it, never."

When Daniel called the VA to question the debt, he found out the VA sent the dependent verification form to an address he lived at 35 years ago. He thought he updated all his information when he applied for a VA loan and moved to Fort Washington, Maryland.

"Wo everything was up to date," he said. "Everything was, except the one place – disability."

So the debt management center began to garnish his disability check -- all \$1,100 of it -- to pay back what the VA said it overpaid him dating to 2006.

The sudden stop in disability benefits hit Daniel's budget hard.

"It was a time when child care costs were higher because of summertime, a time when there was some housing repairs, automotive repairs," he said. "Everything kind of hit all at the same time. I mean, a daughter in college."

Daniel is just one veteran News4 heard from.

Zaldy Sabino, a Navy vet and Air Force retired, said he owed more than \$22,000, but he said he never received any disability benefits during the time frame the VA said he did.

"They said somebody was receiving it," Sabino said.

He has no idea who that somebody is.

Navy vet Robert Sullivan, who retired in 2005, said he received two direct deposits from the VA totaling more than \$13,000 but didn't know why. He said when he called the VA looking for an answer, he really didn't get one.

"After numerous phone calls, nobody would tell me really anything," he said. "They were very vague about it."

He said he spent part of the money when he got in a financial bind, but months later the VA sent him a letter asking him to pay it all back.

"Of course I got the letter saying, 'Hey, we want all this money back,'" he said. "Well I don't have it now."

Each vet said the VA had the wrong information when it came to dependents on their disability benefits.

"They no longer believed I was married," Sullivan said. "In fact, they didn't believe I had ever been married."

The VA also questioned whether Zaldy had children.

"This dependents admission by the VA only came recently," he said.

Since contacting News4, Sullivan's and Sabino's cases have been settled.

Sullivan also reached out to Congressman Gerry Connolly, D-Va., who stepped in to advocate on his behalf.

"There is a level of incompetence that is irksome, but to the individuals affected, it can be quite earth-shattering," Connolly said.

Daniel said his disability benefits are back to what they should be.

"They then refunded all the money back to me and gave me my monthly payments back," he said.

But members of Congress said the problem with record keeping and communication still exists.

"It's not only maddening, it actually threatens a family's budget and their ability to make their rent or their mortgage payment or keep food on the table," Connolly said.

He is just one advocate for these veterans.

The VA has yet to give Congress any concrete plan to fix the problem, but this past summer it started offering a 12-month payment plan if veterans could not pay back the overpayment in full.

The VA admits it sent more than 260,000 overpayment notices this year. It told Congress it sent 238,000 last year.

The VA secretary denied numerous requests for an interview.

Statement from VA spokesperson:

When VA initially notifies Veterans of their benefits award, the department instructs Veterans to alert VA to any change in dependent status or a future change in address. The best way for veterans to avoid issues regarding dependent and spousal benefit overpayments is to alert VA immediately to any change in dependent status and promptly report any changes in address, as they are initially instructed to do upon notification of their benefits.

While Veterans are responsible for informing VA of any changes in dependent status or address, VA also has a process by which it sends beneficiaries a Dependent Verification Letter to the most recent address provided by the Veteran in order to verify all the Veteran's dependents. The Veteran has 60 days to return the completed document. If the document is not received, VA begins procedures to remove the dependents and recoup any overpayments made to the Veteran. If mail is returned as undeliverable by the U.S. Postal Service, VA's Debt Management Center runs an address verification and will resend a debt letter to a more recent address if one is available.

As of August 10, 2017, VA changed its overpayments collections policy so that Veterans are automatically placed into a 12-month recoupment plan, which provides significant financial relief in most cases. Prior to that, benefit recoupment was at 100 percent unless a payment agreement had been entered into.

Reported by Susan Hogan and shot and edited by Perkins Broussard.

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7.2 - Star Advertiser: [Vietnam vet's indecision highlights the challenges of being homeless](#) (10 December, Dan Nakaso, 2.1M online visitors/mo; Honolulu, HI)

Retired Air Force Sgt. "Skip" Wheeler stood among the chaos of angry and confused homeless people being swept by state sheriff's deputies on Monday and offered a blunt assessment of himself and his situation as a homeless military veteran.

"Basically, I'm a lazy bum," Wheeler, 70, told the Honolulu Star-Advertiser as 69 other homeless people poured out of a Mapunapuna bike path on Department of Transportation property. "I need adult supervision. I say that truthfully. I'm not motivated."

Wheeler's unvarnished assessment only fueled the frustration felt by Salt Lake resident Dennis Egge, also 70, whose own naval service in Vietnam as a chief petty officer between 1968 and 1975 overlapped with Wheeler's service in Vietnam between 1964 and 1968.

"We have these people who will take anything they can take from the system," Egge said. "Whatever we're willing to give, they'll take it — and they want more."

Egge, a part-time condominium manager, tries to help Oahu's homeless when he can. On Friday night, Egge helped drop off three large trays of rice, beef broccoli and chicken long rice to the Institute for Human Services that could serve dozens of people in the state's largest homeless shelter.

At the same time, Egge represents untold others across Oahu who are "easily frustrated" — as he put it — that more homeless seem unwilling to change their lives for the better.

"It's sad, actually," Egge said. "Very sad."

But Wheeler did take an important first step.

On Friday, for the first time, Wheeler woke up in the city's Hale Mauiola homeless "navigation center" on Sand Island after moving in the day before. He had new, clean clothes and a safe place of his own where he could sleep behind a locked door.

After his first 24 hours at Hale Mauiola, however, it was too soon to know whether Wheeler will finally decide for good to move away from the same streets where he was being attacked and robbed.

In one moment outside his shipping container unit at Hale Mauiola, Wheeler told the Star-Advertiser that he's motivated and wants to change his life. In the next, he said he might not

even stay at Hale Mauiola long enough to celebrate his 71st birthday on Dec. 18 because “it feels like living with my parents,” adding: “I don’t want to be told what to do. I came here making my own decisions. I don’t hurt anybody with my decisions.”

Kimo Carvalho, spokesman for IHS, which runs Hale Mauiola for the city, said Wheeler’s attitude after eight years of chronic homelessness is not unusual — and only illustrates the hard work that begins once someone agrees to accept help.

“He’s only been here for two days,” Carvalho said on Saturday. “We’re not discouraged. This is normal for a chronically homeless person. This is just the start. He’s lived without rules for so long that it becomes hard for someone like him to adjust. Any time a chronically homeless person enters a homeless shelter, they’re going through a withdrawal process. There are still many more stages for him to experience. We need to keep him motivated and engaged in (positive) steps. Skip’s situation is very much reflective of the challenges facing homeless service providers.”

With 100 percent disability and Social Security payments, Wheeler has enough money to rent a place of his own on Oahu, but isn’t interested. (He asked that the exact amount of his payments not be disclosed.)

He also could be eligible for housing in 50 new studio apartments aimed at military veterans that opened Friday in Kapolei.

Art Minor, an outreach worker for the U.S. Department of Veterans Affairs, said older veterans such as Wheeler from the Vietnam era are particularly reluctant to seek out help, even if they’re being victimized by other homeless people.

“They have a lot of pride,” he said. “It often takes significant things to happen in their lives before they reach out — like a sweep.”

Outreach workers from the Kalihi-Palama Health Center first met Wheeler in May under the H-1 freeway viaduct but he “did not want any assistance,” wrote Darrin Sato, Kalihi-Palama Health Center’s chief operating officer.

Minor had been looking for another veteran around the bike path last month when some homeless people pointed out Wheeler and “said they were worried about him getting taken advantage of,” Minor said. “I had offered emergency housing the first time I met him. He was not interested in that.”

Minor maintains the DOT’s Oct. 23 sweep of the H-1 freeway viaduct that cleared 120 people — and Monday’s follow-up sweep of the adjacent bike path — helped drive a change in Wheeler’s attitude.

“I think that played a role,” Minor said. “It does bring some people out of the woods.”

Then on Tuesday, IHS had a vacancy at Hale Mauiola.

So when Minor saw Wheeler outside the Keehi Lagoon Memorial on Thursday, Minor picked him up and took Wheeler directly to Hale Mauiola.

"I'm the dumbest (and oldest) of four children who are very smart," Wheeler told the Star-Advertiser at Hale Mauliola. "One brother has two Ph.D.s, my sister's a lawyer and another brother has two master's (degrees) and is working in West Africa (to provide humanitarian relief). Me, I'm a papillon. I'm a butterfly."

Wheeler was born Edward Slade Wheeler III in San Bernardino, Calif., but prefers to be called Skip — "if you want me to answer."

After graduating from San Bernardino's Pacific High School in 1964, Wheeler wanted to join the Marines to join the fight in Vietnam.

"Dad said, 'No.' He said I could join the Coast Guard or Navy, but I get seasick," Wheeler said. "Two weeks later I was in the Air Force."

While in Vietnam through 1968, Wheeler said he was exposed to Agent Orange and today suffers heart problems and skin problems. He also uses a cane.

Between 1968 and 1972, the Air Force sent him to McClellan Air Force Base in Sacramento, Calif. When he mustered out, Wheeler became a golf pro working courses in California and in the 1980s moved to Oahu to work at military and civilian courses.

He married and divorced two wives and raised four children on Oahu and later drove a taxi.

Then, eight years ago, Wheeler decided to live by himself, away from other people. He moved under a bridge near Keehi Lagoon Beach Park and outfitted his encampment with a generator that fed air conditioning, a flat-screen TV and a DVD player.

Wheeler said it wasn't an option to move in with any of his children.

"I didn't want to interrupt their lives, not when I can take care of myself," he said. Later, Wheeler said: "None of them offered and I don't know if I would take it."

While living in and around the H-1 freeway viaduct, Wheeler got robbed numerous times, losing cash and IDs in the process.

Asked about being assaulted, Wheeler said, "I gave them a reason not to do it again. I'm not violent. I'm not aggressive, but I sure will protect myself. It was the cost of doing business."

Wheeler remains unsure of what happens next. He characterized his life as "at a crossroads."

Scott Morishige, the state's homeless coordinator, said that even homeless people who have been preyed upon have trouble adjusting when they're placed in a new situation, even when it's safer.

"Even when they're being assaulted on the street, it's hard for many people to make a change," Morishige said. "Even though you have the security of four walls and a door, you don't have that same sense of community that you relied on. Even though it's not a 100 percent feel-good story, it's important for people to understand how difficult it is."

As Wheeler contemplates which direction his life will take next, Minor, from the VA, is still looking for the original veteran he was tracking down when he first met Wheeler a month ago.

Asked if he's concerned that other veterans like Wheeler are living off the grid in potentially dangerous situations, Minor said: "Absolutely. That's definitely concerning. I'm sure there are others out there like him."

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7.3 - Florence Morning News: [Wreaths Across America set for Saturday at Florence National Cemetery](#) (12 December, 288k online visitors/mo; Florence, SC)

FLORENCE, S.C. -- The annual Wreaths Across America event will be Saturday at Florence National Cemetery.

The event, promoted by Rolling Thunder SC4, Blue Star Mothers of Coastal Carolina and Warrior Watch Riders of South Carolina, will start at noon at the committal shelter in the new section of the cemetery.

"Every December, volunteers place thousands of wreaths on the graves of Soldiers all across America. This mission is sponsored by Wreaths Across America whose motto is 'To remember, honor and teach about the service and sacrifices of our veterans, active military and their families. We will never forget.'," according to a release on the event.

The public is invited to attend and participate in the event.

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7.4 - WBOY (NBC-12, Video): [Homeless veterans receive help in Clarksburg](#) (12 December, Mike Gilbert, 21k online visitors/mo; Clarksburg, WV)

CLARKSBURG, W.Va - New facilities and items were donated to homeless veterans on Tuesday.

The Harrison County Elks Lodge 2875 presented Clarksburg Mission with \$250 worth of supplies.

Th Mission has renovated new rooms and a community area to provide shelter for Vets who are living on the streets.

Four Veterans were selected through the VA Hospital Homeless Veteran Program and will be the first to use the new amenities.

The Elks Lodge considers homelessness among Veterans one of the biggest problems facing our country.

"There are about 45 or 50 thousand men and women living on the streets today that have served in our military. And, so for us to have a consistently, quality facility for people to come and just be able to lay their head at night and get the resources they need, this is real important to us," said Chris Mullett, executive director.

The \$250 was received as part of the WV Elks Adopt-A-Veteran grant program.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [West Virginia Pair Get Prison for Taking Veterans' Pills](#) (12 December, 24M online visitors/mo; Washington, DC)

CHARLESTON, W.Va. (AP) — Federal authorities say a West Virginia couple who conspired to steal painkillers from military veterans and sell some has been sentenced to prison.

According to prosecutors, 28-year-old Amber Fox of Lesage faces two and a half years in prison after pleading guilty to mail theft.

They say 39-year-old David Grove Jr. 39, of Chillicothe, Ohio, faces two years in prison for conspiracy to distribute the pain pills.

They were ordered to pay \$453 in restitution.

Authorities say Fox was a federal postal support employee in the Charleston Processing and Distribution Center, where she admitted identifying and taking 45 to 50 packages that contained oxycodone and hydrocodone sent from the Department of Veterans Affairs.

She took them to the home she shared with Grove, where authorities found more than 500 stolen pills.

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8.2 - St. Louis Post-Dispatch: [Problems at St. Louis Veterans Home prompt governor to call for administrator's firing](#) (11 December, Kim Bell and Kurt Erickson, 8.9M online visitors/mo; St. Louis, MO)

JEFFERSON CITY • Gov. Eric Greitens has replaced five members of the Missouri Veterans Commission after saying an outside investigation into the St. Louis Veterans Home found serious problems.

In a press conference at the North County facility Monday morning, Greitens said he expected the nine-member Missouri Veterans Commission to meet this week. He said he believed it should move to fire Rolando Carter, the director of the St. Louis home, and Larry Kay, director of the commission.

The 300-bed St. Louis Veterans Home has been under a microscope over complaints by residents, employees and families that the facility is failing to adequately care for veterans. Complaints by veterans and family members about care at the St. Louis home were first made public in a Post-Dispatch column by Tony Messenger in October.

The concerns include improper medication, particularly of antipsychotics; the inability to hire and retain quality personnel; a lack of transparency and honesty in investigating complaints; and a loss of faith between veterans and their families and the administration of the Missouri Veterans Commission.

Three weeks ago, Greitens announced that an outside firm — Harmony Healthcare International — would conduct an independent investigation of the complaints.

Although the governor said his removal of members of the Missouri Veterans Commission and call for the firings of Carter and Kay were based on the results of HHI's investigation, one of the new appointees said he'd been in discussions about the move with the governor's office for weeks.

"I've been talking with his office folks for probably the last month," Dr. John Buckner told the Post-Dispatch Monday.

Buckner, a retired Army colonel and a surgeon at the Ferrell-Duncan Clinic in Springfield, said the governor had not asked him to fire Carter or Kay.

"We have not had discussions about any of those factors and specifics," Buckner said.

The remake of the board marks the third time in recent months that the first-year governor, a Republican, has used his power to put new people in charge of state policies. He earlier named new members to the state school board, who voted to fire former state school Commissioner Margie Vandeven.

At his press conference, Greitens said HHI had found "serious problems," from outdated policies to, in some cases, failure to provide adequate nutrition and hydration, resulting in malnutrition. Some veterans were left soiled and unwashed, or weren't moved often enough to prevent bedsores.

"They found, in short, that these veterans were not being treated with the dignity, the respect or the care that they deserved," said Greitens, a former Navy SEAL who campaigned on a platform that included helping veterans.

Staffers, he said, felt threatened and intimidated into not reporting problems.

"When people are being hurt, when bureaucrats fail to act, when they fail to listen, when they offer only excuses — we're going to find out, and they need to be fired," Greitens said.

He said he also had ordered a full investigation into all the state's veterans homes.

Greitens said his office first became aware of reported problems at the St. Louis Veterans home in July. He said he had asked the Missouri Veterans Commission, which oversees the homes, to investigate.

The commission reported it was unable to confirm the allegations. The governor then asked the Department of Public Safety to investigate, with an eye toward potential criminal misconduct. The Department of Public Safety suggested another investigation, this time by the U.S. Department of Veterans Affairs.

A 57-page report from the VA, the second from the agency this year, again found the care at the home to be satisfactory.

In late October, more than 100 family members, employees and veterans asked for an independent investigation of allegations of abuse, mistreatment and neglect at the facility. Missouri's two U.S. senators also asked for an investigation.

Greitens hired HHI to conduct a probe, at a cost of about \$50,000 to \$60,000.

In all, the HHI investigation is the fifth time the home has been surveyed for problems in the past year. HHI found the problems that prompted Greitens' press conference Monday. That included "substandard qualities of care" and "triggers for immediate jeopardy," defined as problems that have caused or could cause "serious injury, harm, impairment or death."

"Big government failed these veterans," Greitens said. "The Missouri Veterans Commission and VA told us that there was nothing wrong with these homes. Based on what the families told us, however, we were still concerned. So we launched an independent investigation. It found failures at the St. Louis Veterans Home that the VA and Missouri Veterans Commission missed or ignored."

The five members of the Missouri Veterans Commission whom Greitens replaced were appointed by his predecessor, Gov. Jay Nixon, a Democrat, according to Greitens. The four others on the commission are appointed by the Missouri Legislature.

Along with Buckner, new members of the Missouri Veterans Commission named by Greitens are:

- Dr. José Dominguez, a retired lieutenant colonel with service in the Missouri National Guard and U.S. Army Reserves. He is also a surgeon at the Ferrell-Duncan Clinic in Springfield and serves as a reserve deputy for the Greene County Sheriff's Office.
- Meredith Knopp, who served in the Army as a captain and co-founded a nonprofit for veterans. She is senior vice president of programs and operations at the Mission Continues, the St. Louis-based nonprofit group that Greitens founded for returning veterans before he entered politics.
- Tim Noonan, who served in the Marines as a captain and is a founding board member of the Friends of Soldiers Memorial. He is a retired Boeing executive from St. Louis.
- Tim Smith, who served as a sergeant in the Army. He owns Patriot Commercial Cleaning, a St. Louis firm that has hired more than 40 veterans.

Bellefontaine Neighbors Mayor Bob Doerr said he was "ecstatic" that the new commission would include three people from the St. Louis area. He said he wanted them to make unannounced visits to the veterans home.

Doerr said he also had heard horror stories from relatives of veterans at the home and tended to believe the report by the independent investigators.

"They're independent. It didn't come from the state, so that makes it more believable," the mayor said.

Carter, the director of the home, did not attend the press conference. Doerr said the administrators told him that Carter, who lives in Bellefontaine Neighbors, was at home taking time off.

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Veterans Affairs Media Summary and News Clips

13 December 2017

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [VA Funds Additional Justice Outreach Positions in Maine](#) (12 December, 24M online visitors/mo; Washington, DC)

U.S. Sen. Angus King is praising the U.S. Department of Veterans Affairs for funding for three new staff positions in Maine. The VA announcement on Tuesday means there will be a second veterans' justice outreach specialist along with the first re-entry specialist in more than eight years to help veterans confronting homelessness and mental health and substance abuse issues.

[Hyperlink to Above](#)

1.2 - Portland Press Herald: [Agency adds new positions to help Maine veterans confronted by court issues](#) (12 December, Edward Murphy, 2.1M online visitors/mo; Portland, ME)

The federal Department of Veterans Affairs is adding three new positions in Maine to help veterans involved in court issues. The positions, announced in Portland on Tuesday morning by the department's deputy secretary, Tom Bowman, include an outreach specialist to connect the department with veterans, along with a re-entry specialist to help veterans make the transition after serving time in jail, along with a suicide prevention coordinator.

[Hyperlink to Above](#)

1.3 - Stars and Stripes: [VA faces higher-than-estimated costs, other challenges to implement 'Forever' GI Bill](#) (12 December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

The Department of Veterans Affairs will hire 200 temporary workers and shell out \$70 million to implement a major expansion of veterans' education benefits — a process beset by communication and information technology challenges, veterans advocates and VA officials said Tuesday. Higher-than-anticipated costs is one of a number of problems that the agency has faced for months of a yearlong charge to implement the "Forever" GI Bill...

[Hyperlink to Above](#)

1.4 - Stars and Stripes: [VA urges Congress to approve funding by end of year or see 'dramatic impact' on vets care](#) (12 December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

Veterans' health care will be dramatically affected if Congress finishes out the week without funding a program that permits many veterans to receive private-sector medical care, Department of Veterans Affairs Secretary David Shulkin warned Tuesday. The Veterans Choice program will be depleted of funds within three to five weeks, Shulkin wrote in a notice to Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans' Affairs Committee.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - Erie News Now: [Construction Milestone At Erie VA Medical Center](#) (12 December, Paul Wagner, 147k online visitors/mo; Erie, PA)

A huge construction project at the Erie VA Medical Center reached a major milestone today. And a ceremony marked the progress at the new \$11 million boiler plant. It was called a topping off ceremony, with a wreath marking the end of the structural phase of the project. Nearly 50 union craftsmen took a break to join the event.

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2.2 - KKCO (NBC-11, Gray Television, Video): [Rep. Lamborn looking to provide private health care choice for veterans](#) (12 December, Peter Zampa, 64k online visitors/mo; Grand Junction, CO)

A different approach to veterans' health care is in the works in Washington. Rep. Doug Lamborn (R-CO) says if the Veterans Affairs health care system isn't working for our veterans, they should be able to get care elsewhere. His legislation allows them to opt out of VA care to use civilian medical providers. Lamborn says it's time to change the way we do things.

[Hyperlink to Above](#)

2.3 - FEDweek: [Congress Backs Outside Audits of VA](#) (12 December, 51k online visitors/mo; Washington, DC)

The House has joined the Senate in passing S-1266, which authorizes the VA to contract with a nonprofit organization that accredits health care organizations and programs to investigate a VA medical center to assess and report deficiencies of the center's facilities. The VA could delegate such authority to the Veterans Integrated Service Network in which the medical center is located or to the director of such medical center.

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3. [Modernize Our System](#)

3.1 - KTHV (CBS-11, Video): [Arkansas Veteran Affairs fighting backlog with Telebenefits](#) (12 December, Winnie Wright, 617k online visitors/mo; Little Rock, AR)

In 2013, the world's attention was on the Department of Veteran Affairs as they faced issues of backlogged claims. At its peak, those seeking benefits for the first time, with cases that took more than four months to process, were in the hundreds of thousands. For veterans with physical or financial limitations it can be very difficult to get to Little Rock in order to access claims or benefits promised to them after their service.

[Hyperlink to Above](#)

3.2 - MedCity News: [Three takeaways on the VA, VistA and government health IT](#) (12 December, Erin Dietsche, 478k online visitors/mo; New York, NY)

A new study from the U.S. Government Accountability Office dug deeper into what's happening with the Department of Veterans Affairs and its quest to improve its health IT infrastructure. Meanwhile, an EHR interoperability summit involving top government officials has been the talk of the town.

[Hyperlink to Above](#)

3.3 - KTVH (NBC-12, Video): [New vet center gives Veterans more options](#) (11 December, Lindsey Ford, 2.3k online visitors/day; Helena, MT)

Helena will now have a new option for veterans who want access to mental health services. The new Helena Veteran Center located at 1301 Elm Street, will provide a second option for veterans who don't want to go to the larger Fort Harrison VA hospital. It will also create more capacity for mental health services.

[Hyperlink to Above](#)

[4. Focus Resources More Efficiently](#)

4.1 - U.S. News & World Report (Reuters): [Trump's Push to Cut Federal Jobs Has Modest Impact, Mostly in Defense](#) (12 December, Jason Lange, 24M online visitors/mo; Washington, DC)

President Donald Trump's campaign to shrink the "bloated federal bureaucracy" so far has made a small dent in the federal workforce, and that largely because of a decline in civilian defense jobs. Days after his Jan. 20 inauguration, Trump ordered a hiring freeze later replaced with an order for federal agencies to cut staff immediately, and in March he proposed a 2018 budget that sought to shift \$54 billion to the military from other departments.

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4.2 - The Post Standard: [Syracuse VA Medical Center appoints first woman director](#) (12, December, James T. Mulder, 3.2M online visitors/mo; Syracuse, NY)

The Syracuse VA Medical center has appointed its first woman director. Judy Hayman replaces James Cody, who retired in April. Hayman, who has been at the VA more than 10 years, has served as acting medical director since Cody's retirement. Hayman has a doctorate in psychology, is a member of the American College of Healthcare Executives and a graduate of the Health Care Leadership Development Program.

[Hyperlink to Above](#)

4.3 - Bangor Daily News: [VA to hire three outreach staffers at Togus](#) (12 December, Jake Bleiberg, 1.2M online visitors/mo; Bangor, ME)

The U.S. Department of Veterans Affairs plans to hire three new staff members to help Maine veterans adjust to and cope with life outside the military. In next three months, the VA intends to hire a staffer to help Maine veterans navigate the criminal justice system, as well as state coordinators for its programs to connect returning veterans with health care and suicide prevention services.

[Hyperlink to Above](#)

4.4 - Sentinel & Enterprise (Video): [Leominster firefighters show warm hearts in helping out two neighbors](#) (12 December, Amanda Burke, 80k online visitors/mo; Fitchburg, MA)

Roberta said she asked Veteran's Affairs for help six months ago making her home accessible. The city agency reached out to a contractor, she said, who called her back and told her it would cost \$4,000 to build a wheelchair ramp. They couldn't afford it. So Veterans' Affairs began searching for a donor, and Long said his department stepped up to help through the Leominster Firefighters Local 841 Community Outreach Fund.

[Hyperlink to Above](#)

4.5 - WRNR (CMN-790, Audio): [Author John Rothschild, VA Medical Center](#) (12 December, 8.7k online visitors/mo; Martinsburg, WV)

John Rothschild, author of the best selling book: "Football Betting Made Easy". Also, from the Martinsburg VA Medical Center, Sarah Tolstyka, Sandy Spicher and Bobbi Corbin.

[Hyperlink to Above](#)

4.6 - KBSI (FOX-23): [VFW riders donate to John J. Pershing VA Medical Center Veterans](#) (11 December, 200 online visitors/day; Cape Girardeau, MO)

The VFW Riders from District 15 recently made a significant donation to the John J. Pershing VA Medical Center's Community Living Center for Veterans. Voluntary Services Officer Donna Reynolds explained the donation will be used to purchase items the Veterans need.

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5. [Improve Timeliness of Service](#)

5.1 - Great Falls Tribune (Video): ['... they never give up on you': Veteran praises VA, pilots for saving life](#) (12 December, Phil Drake, 272k online visitors/mo; Great Falls, MT)

Ralph Pottratz becomes more than a little emotional when asked what he would like people to know about the care he has received over the years from the U.S. Department of Veterans Affairs. "If it weren't for the VA I'd be dead," the 80-year-old Great Falls resident said recently from his apartment at the Soroptimist Village.

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5.2 - KTXS (ABC-12, Video): [Brown County veteran being sued by hospital for unpaid fees](#) (12 December, Joshua Peguero, 195k online visitors/mo; Abilene, TX)

The Brownwood Regional Medical Center declined to comment to KTXS on pending litigation. McLaughlin said she initially told hospital administrators to use her VA benefits to cover the surgery. But, she said they asked for another form of insurance and that's when she gave them her private insurance.

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5.3 - KPAX (CBS-8, MTN News): [Bill aimed to help Billings veteran's struggles with VA signed into law](#) (12 December, 192k online visitors/mo; Missoula, MT)

A bill named for a Billings veteran suffering from toxic exposure during his service in the 1960s was signed into law by President Trump, U.S. Sen Jon Tester announced Wednesday. The bipartisan Gary Deloney and John Olsen Toxic Exposure Declassification Act declassifies the records of Project SHAD, the Shipboard Hazard and Defense program, which allows Olsen of Billings and others to access Veterans Affairs disability benefits and care.

[Hyperlink to Above](#)

5.4 - WSHU (NPR-91.1, Audio): [Veteran Sickened By Plutonium After H-Bomb Accident Brings Class Action Suit](#) (12 December, Cassandra Basler, 26k online visitors/mo; Fairfield, CT)

When two Air Force planes collided in 1966, they released hydrogen bombs that sprinkled plutonium all over the Spanish countryside. Victor Skaar and nearly 1,600 service members got sick after cleaning the spill. Skaar and Yale Law School interns have now filed what could be the first nationwide class action lawsuit in the U.S. Court of Appeals for Veteran Claims in Washington D.C., the highest court that handles disability benefits in the VA.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WRC (NBC-4, Video): [Veterans Affairs Asking Veterans to Return Benefit 'Overpayments'](#) (12 December, Susan Hogan and Perkins Broussard, 4.8M online visitors/mo; Washington, DC)

The U.S. Department of Veterans Affairs is sending thousands of overpayment notices telling veterans to pay back their benefits. When Navy veteran Isaac Daniel retired after 22 1/2 years of service, he qualified for disability benefits due to knee issues and near fatal intestinal problems. He started receiving monthly disability payments of \$1,100 in 2006. That's in addition to his retirement check of \$12,000 per month.

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7.2 - Star Advertiser: [Vietnam vet's indecision highlights the challenges of being homeless](#) (10 December, Dan Nakaso, 2.1M online visitors/mo; Honolulu, HI)

Art Minor, an outreach worker for the U.S. Department of Veterans Affairs, said older veterans such as Wheeler from the Vietnam era are particularly reluctant to seek out help, even if they're being victimized by other homeless people. "They have a lot of pride," he said. "It often takes significant things to happen in their lives before they reach out — like a sweep."

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7.3 - Florence Morning News: [Wreaths Across America set for Saturday at Florence National Cemetery](#) (12 December, 288k online visitors/mo; Florence, SC)

The annual Wreaths Across America event will be Saturday at Florence National Cemetery. The event, promoted by Rolling Thunder SC4, Blue Star Mothers of Coastal Carolina and Warrior Watch Riders of South Carolina, will start at noon at the committal shelter in the new section of the cemetery.

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7.4 - WBOY (NBC-12, Video): [Homeless veterans receive help in Clarksburg](#) (12 December, Mike Gilbert, 21k online visitors/mo; Clarksburg, WV)

New facilities and items were donated to homeless veterans on Tuesday. The Harrison County Elks Lodge 2875 presented Clarksburg Mission with \$250 worth of supplies. Th Mission has renovated new rooms and a community area to provide shelter for Vets who are living on the streets. Four Veterans were selected through the VA Hospital Homeless Veteran Program and will be the first to use the new amenities.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [West Virginia Pair Get Prison for Taking Veterans' Pills](#) (12 December, 24M online visitors/mo; Washington, DC)

Federal authorities say a West Virginia couple who conspired to steal painkillers from military veterans and sell some has been sentenced to prison. According to prosecutors, 28-year-old Amber Fox of Lesage faces two and a half years in prison after pleading guilty to mail theft. They say 39-year-old David Grove Jr. 39, of Chillicothe, Ohio, faces two years in prison for conspiracy to distribute the pain pills.

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8.2 - St. Louis Post-Dispatch: [Problems at St. Louis Veterans Home prompt governor to call for administrator's firing](#) (11 December, Kim Bell and Kurt Erickson, 8.9M online visitors/mo; St. Louis, MO)

Gov. Eric Greitens has replaced five members of the Missouri Veterans Commission after saying an outside investigation into the St. Louis Veterans Home found serious problems. In a press conference at the North County facility Monday morning, Greitens said he expected the nine-member Missouri Veterans Commission to meet this week.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [VA Funds Additional Justice Outreach Positions in Maine](#) (12 December, 24M online visitors/mo; Washington, DC)

PORTLAND, Maine (AP) — U.S. Sen. Angus King is praising the U.S. Department of Veterans Affairs for funding for three new staff positions in Maine.

The VA announcement on Tuesday means there will be a second veterans' justice outreach specialist along with the first re-entry specialist in more than eight years to help veterans confronting homelessness and mental health and substance abuse issues.

King said veterans struggling with those problems "deserve our comprehensive support."

King had called on the VA Secretary David Shulkin in February to fund the positions within the Veterans Justice Program. He said "more resources need to be allocated to this program" in a state with one of the highest number of veterans per capita.

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1.2 - Portland Press Herald: [Agency adds new positions to help Maine veterans confronted by court issues](#) (12 December, Edward Murphy, 2.1M online visitors/mo; Portland, ME)

The federal Department of Veterans Affairs is adding three new positions in Maine to help veterans involved in court issues.

The positions, announced in Portland on Tuesday morning by the department's deputy secretary, Tom Bowman, include an outreach specialist to connect the department with veterans, along with a re-entry specialist to help veterans make the transition after serving time in jail, along with a suicide prevention coordinator.

The goal is to help avoid conduct by veterans dealing with homelessness, mental illness or substance abuse from becoming criminal matters by connecting the veterans with the services they need to deal with the court system and by working with law enforcement and the courts on the veterans' cases.

The positions were also announced by the office of U.S. Sen. Angus King, I-Maine, who this year called for the department to add staff in Maine.

"These new positions in Maine provide veterans with expanded access to specialists so they can get the treatments and services they need," King said in a statement issued by his office. "With the VA's announcement today, we have taken an important step to strengthen our community and better care for veterans across the state."

The rest of the state's congressional delegation also applauded the additional staffing.

“Tragically, too many of our veterans face extraordinary mental and health challenges when they return from service,” said U.S. Bruce Poliquin, R-2nd District, while U.S. Rep. Chellie Pingree, D-1st District, called the high rate of suicide among veterans “one of the most heartbreaking issues our country faces.”

Adria O. Horn, director of the Maine Bureau of Veterans’ Services, said the new positions will greatly increase the ability of state and federal veterans’ agencies to reach the state’s 117,000 veterans.

For instance, she said, the addition of another outreach specialist will allow the veterans’ agency to divide the state into two regions, allowing those specialists to reach more veterans and help connect them with services they need. She also said that the state currently has only one suicide prevention coordinator, along with another agency worker who splits time in that position, so an additional worker in that area will also help greatly.

Horn said the re-entry position is critical because veterans who are convicted of crimes lose their benefits if they serve more than 60 days in jail. The DVA position will allow the department to work with those veterans to try to regain those benefits and access veterans’ services, Horn said.

“The first 48 hours (following release from jail) is make-or-break time,” Horn said.

Bowman’s announcement came during a daylong symposium, sponsored by the department, focused on preventing suicide by veterans. The symposium will address issues such as barriers to care and accessing resources offered by the VA and community agencies.

Horn said that in 2014, 55 veterans in Maine committed suicide, but only six had been in contact with state or federal veterans officials before they committed suicide. Having more DVA specialists could help agencies identify those veterans, she said, and they may be able to help prevent the suicide through early intervention.

She said the 2014 figures represents the most recent data available.

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1.3 - Stars and Stripes: [VA faces higher-than-estimated costs, other challenges to implement ‘Forever’ GI Bill](#) (12 December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

WASHINGTON — The Department of Veterans Affairs will hire 200 temporary workers and shell out \$70 million to implement a major expansion of veterans’ education benefits — a process beset by communication and information technology challenges, veterans advocates and VA officials said Tuesday.

Higher-than-anticipated costs is one of a number of problems that the agency has faced for months of a yearlong charge to implement the “Forever” GI Bill, which contains 34 changes to veterans’ education benefits and boosts spending by \$3 billion for 10 years.

VA officials, along with two organizations that advocated for the reformed GI Bill — Student Veterans of America and Tragedy Assistance Program for Survivors — went to Capitol Hill on Tuesday to update lawmakers on its implementation.

“It’s our job to identify and solve problems and have a smooth, cost-effective implementation,” said Rep. Jodey Arrington, R-Texas. “I do have concerns about the focus this is getting from VA senior leadership. I hope they understand it will be no small feat to execute a reform initiative of this scale.”

Advocates have called the Forever GI Bill the most sweeping expansion of veterans education benefits in a decade.

The bill, named the Harry W. Colmery Veterans Educational Assistance Act after the author of the original GI Bill of Rights, increases payments to vets with less than one year of active-duty service, restores benefits to veterans whose schools abruptly close, awards full GI Bill benefits to all Purple Heart recipients and increases aid for veterans pursuing science, technology, engineering and mathematics [STEM] degrees, among other things.

It was dubbed the Forever GI Bill by supporters because it ends a 15-year limit on education benefits for veterans whose last discharge or release from active duty came on or after Jan. 1, 2013.

The bill was signed into law Aug. 16, and most of its provisions go into effect Aug. 1, 2018.

Of the 34 measures in the bill, 22 require “significant changes” to the VA’s IT systems, said retired Maj. Gen. Robert Worley II, director of VA education services. The agency determined costs to program its IT systems to recognize the changes in benefits would cost about \$70 million — an amount more than double the \$30 million originally estimated for the task.

“We have major concerns on whether or not the office implementing this law is receiving adequate resources to execute this overhaul,” said Will Hubbard, vice president of Student Veterans of America.

Worley said the VA was in the process of hiring 200 temporary employees who would process claims by hand until the IT system is improved. A 40-to 50-person team will be responsible for deciding which veterans would be eligible for increased aid for STEM degrees.

Student Veterans of America led the charge to expand veterans’ education benefits and is watching closely as the VA carries it out, Hubbard said. Besides funding, the organization is also worried about the VA’s outreach efforts.

The GI Bill expansion included a mandate to restore education benefits to veterans and military families affected by school closures, such as the shutdown of for-profit ITT Technical Institute in 2016. The VA has reached out to 8,000 people who might be eligible to have their benefits restored. So far, 250 have applied, according to Worley’s testimony. A 27-person team — part of the VA’s hiring efforts — will determine which veterans are eligible.

“We’re concerned so few students have applied for restoration of benefits,” Hubbard said. “We encourage VA to partner with external organizations, like SVA, to reach out to widest audience possible.”

But Worley said it's too early in the process to tell whether the outreach has worked. The VA sent the notifications Nov. 9.

"If we need more communication, we will do that," Worley said. "I don't know if it's realistic to expect 8,000 applications."

Portions of the Forever GI Bill went into effect this fall. TAPS, which is also involved in oversight of the bill's implementation, discovered delays in payments to GI Bill beneficiaries.

"Even with the few changes that went into effect, TAPS had issues with institutions of higher learning demanding payment from the student because of delayed VA payments," said Kathleen Moakler, director of TAPS. "Students receiving VA payments were not allowed to attend classes, register for spring 2018 or use campus facilities because the payment was delayed."

TAPS also told lawmakers that the VA inappropriately distributed letters to some veterans informing them they were no longer eligible for education benefits because they had hit the 15-year limit. Because of the new law, that limit no longer applies to some veterans who received the letter.

Worley said the VA would send more letters telling those veterans to disregard the notice.

"This is why people have no faith in government," said Rep. Kathleen Rice, D-N.Y. "You pass a historic piece of legislation, and the agency responsible for implementing it doesn't have the tools to implement it. It's so disappointing."

Lawmakers will continue to receive periodic updates from the VA about the implementation process.

Worley and other VA officials present Tuesday said they were confident the expansion would be fully in place before the 2018 school year.

"In just under four months, VA has moved out quickly and is working hard on successfully implementing all of the provisions of the Colmery Act on time," Worley said. "There is a great deal of work remaining, but VA has taken significant steps since the law's signing."

A full breakdown of changes to the GI Bill is available on the VA website at benefits.va.gov. and veterans can follow updates on its implementation at the VA's Post-9/11 GI Bill Facebook page.

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1.4 - Stars and Stripes: [VA urges Congress to approve funding by end of year or see 'dramatic impact' on vets care](#) (12 December, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

WASHINGTON — Veterans' health care will be dramatically affected if Congress finishes out the week without funding a program that permits many veterans to receive private-sector medical care, Department of Veterans Affairs Secretary David Shulkin warned Tuesday.

The Veterans Choice program will be depleted of funds within three to five weeks, Shulkin wrote in a notice to Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans' Affairs Committee.

Without more money, the VA will soon stop referring patients to their private-sector doctors, he said.

Shulkin warned it could lead to diminished access to health care for veterans. The Choice program was established in 2014 to improve VA wait times and allow veterans to receive treatment closer to their homes. Since it was implemented, 1.9 million veterans have used the program at some point, and about one-third of VA medical appointments are completed in the private sector, according to the VA.

“VA’s other community care programs will not have the capacity to handle all of the patients who will transition from [the Choice program], and the wait time for appointments at VA facilities will rise if large numbers of veterans return to VA to seek care,” Shulkin wrote. “Taking these actions would have a number of negative consequences, including decreased access to care, damaged community partnerships and interrupted care continuity for veterans.”

The VA was in the same position just four months ago. The Choice program nearly ran out of money in mid-August before Congress passed a bill providing \$2.1 billion in emergency funding to keep it going.

In the time since, lawmakers have negotiated legislation to reform the Choice program. Three bills now exist in Congress to provide temporary funding for Choice and create a new system for private-sector care, but lawmakers haven’t come to an agreement on one of them.

In the past few months, Shulkin shared his own proposal for overhauling community care programs and has urged Congress repeatedly to approve reform legislation before the end of the year.

The House is expected to recess Thursday, followed by the Senate on Friday.

In response to the letter, Isakson issued a statement Tuesday asking Senate leadership to schedule a vote on the Caring for Our Veterans Act – a Choice reform bill that his committee sent to the Senate floor Nov. 29. The legislation, totaling \$54 billion, would provide \$3 billion to the Choice program and phase it out after one year.

“It is critical that we pass this bipartisan legislation before the end of the year to ensure veterans continue to have access to efficient, timely and quality health care,” Isakson said in the written statement. “I urge the Senate to quickly pass this bipartisan legislation without delay.”

In a statement last week, Shulkin pleaded with Congress to pass another emergency funding bill for the Choice program before the end of the year, and then come back in 2018 to discuss major reforms. With only days remaining before the holiday recess, that option was looking more likely Tuesday.

Shulkin wrote the VA spends between \$200 million to \$400 million each month on appointments made through the Choice program. As of Dec. 7, there was \$490 million remaining, but much of that had already been spent in December.

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2. Greater Choice for Veterans

2.1 - Erie News Now: Construction Milestone At Erie VA Medical Center (12 December, Paul Wagner, 147k online visitors/mo; Erie, PA)

A huge construction project at the Erie VA Medical Center reached a major milestone today.

And a ceremony marked the progress at the new \$11 million boiler plant.

It was called a topping off ceremony, with a wreath marking the end of the structural phase of the project.

Nearly 50 union craftsmen took a break to join the event.

The three new natural gas boilers will provide all the steam heat needed to warm the entire VA complex, including other new construction projects also underway.

And the boilers are 85% more efficient than the current boilers installed in 1951.

While the new boilers are in place, crews still need to get all the systems hooked up, tested and ready for use.

Erie VA Medical Center General Engineer Rob Petrone said, "Now we've got to finish all the piping, get all the steam pipes back together, get the pipes insulated and getting controls on line. So there is an extensive process they have to go through when they test all the controls to make sure the boilers are working efficiently."

Crews expect the new boiler plant to be up-and-running sometime in April.

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2.2 - KKCO (NBC-11, Gray Television, Video): Rep. Lamborn looking to provide private health care choice for veterans (12 December, Peter Zampa, 64k online visitors/mo; Grand Junction, CO)

WASHINGTON (Gray DC) - A different approach to veterans' health care is in the works in Washington. Rep. Doug Lamborn (R-CO) says if the Veterans Affairs health care system isn't working for our veterans, they should be able to get care elsewhere. His legislation allows them to opt out of VA care to use civilian medical providers. Lamborn says it's time to change the way we do things.

Rep. Lamborn (R-CO) says we need to move away from the status quo when it comes to health care for veterans.

"I think our veterans deserve bold and significant reform," said Lamborn.

He says in places like Colorado Springs, the VA is not up to snuff, with veterans subjected to long wait times seeking help for PTSD. Lamborn introduced the Veterans Empowerment Act that would give veterans a choice of VA care or private care.

"There are very routine things that a private provider can do just as well or better," said Lamborn.

Lamborn says veterans are currently required to ask permission to go private with their care. He wants to do away with the bureaucracy and the status quo, which he says, are preventing veterans from getting high-quality care.

"It would produce a lot more significant change than the incremental reform measures that are being proposed right now," said Lamborn.

Lamborn is looking to revolutionize veteran care because he says efforts in Congress haven't gone far enough. Some veterans groups say his proposal would dismantle the VA health care system.

"You're putting over 8 million veterans without the health care that they prefer to use," said Kayda Keleher from Veterans of Foreign Wars.

She says many veterans she speaks to want to see a fix for VA rather than let it fall by the wayside. Keleher says veterans get unparalleled care through VA with a deep understanding of veteran-specific issues and a sense of community. She says some locations have problems, but in general VA is getting better.

"Our members have definitely noticed a huge improvement over the last three years, and they're excited to see things keep improving," said Keleher.

Lamborn's legislation currently has two co-sponsors. It's unknown if it will ever come up for a vote.

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2.3 - FEDweek: [Congress Backs Outside Audits of VA](#) (12 December, 51k online visitors/mo; Washington, DC)

The House has joined the Senate in passing S-1266, which authorizes the VA to contract with a nonprofit organization that accredits health care organizations and programs to investigate a VA medical center to assess and report deficiencies of the center's facilities.

The VA could delegate such authority to the Veterans Integrated Service Network in which the medical center is located or to the director of such medical center. Before entering into a contract, a VISN director or a medical center director would notify VA headquarters, the department IG and the GAO, in order to coordinate a contracted investigation with any other ongoing investigations.

"The directors have the best perspective of what is going on at their facilities and unfortunately in the past VA inspector general reports have not matched the reality on the ground. It's important we hold care providers accountable to the highest standards of excellence for our veterans and I'm proud to introduce legislation that does just that," sponsor Sen. James Inhofe, R-Okla., said in a statement.

President Trump is expected to sign the bill.

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3. Modernize Our System

3.1 - KTHV (CBS-11, Video): [Arkansas Veteran Affairs fighting backlog with Telebenefits](#)
(12 December, Winnie Wright, 617k online visitors/mo; Little Rock, AR)

In 2013, the world's attention was on the Department of Veteran Affairs as they faced issues of backlogged claims. At its peak, those seeking benefits for the first time, with cases that took more than four months to process, were in the hundreds of thousands.

For veterans with physical or financial limitations it can be very difficult to get to Little Rock in order to access claims or benefits promised to them after their service. Arkansas is hoping to be on the cutting edge of technology by offering veterans the help they need from the comfort of their home town.

For many Arkansas veterans, gone are the days of calling a 1-800 number with questions about claims and benefits.

The VA Regional Office in North Little Rock is now offering Telebenefits by video conference with veterans in their local clinic.

"When this concept came about, I was a little leery," said Antoine Gordon with the VA, "but now that I've had the chance to experience it, I understand that it is a very good program that's beneficial to all of our veterans."

For the first time, veterans outside of Little Rock will get to work with a representative face-to-face without having to travel.

"What I've found is, a lot of our older veterans really don't like the experiences they've had over the telephone, so when they get the opportunity to see the person they feel is associated with their claim, it eases their tension and I can answer a lot of those questions that the representatives on the phone may not be able to," Gordon said.

Dalton Hatfield told us he was told about the Telebenefits program when he asked about filing a claim during a check up.

"It's less time off work and more money on the paycheck in the end," Hatfield said.

"We always knew these veterans were out there throughout the state. Now we can help them, and that makes us very proud," said Lisa Bruen, Director of the VA Regional Office in North Little Rock.

She said Telebenefits is one way of righting some of the VA's past wrongs.

"We have made great strides reducing our backlog and we want to obviously continue that, but the relationship with the veteran is the next step," Bruen said.

Searcy and Texarkana's local clinics were the first to roll out Telebenefits at the beginning of the year. Tomorrow, the Pine Bluff clinic will get the capability.

At the first of the year, the VA will look at rolling out in Mena and in El Dorado.

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3.2 - MedCity News: [Three takeaways on the VA, VistA and government health IT](#) (12 December, Erin Dietsche, 478k online visitors/mo; New York, NY)

A new study from the U.S. Government Accountability Office dug deeper into what's happening with the Department of Veterans Affairs and its quest to improve its health IT infrastructure. Meanwhile, an EHR interoperability summit involving top government officials has been the talk of the town.

Here are three takeaways regarding the report and the meeting.

Modernization costs

According to the GAO, the VA has attempted to update its EHR system — the Veterans Health Information Systems and Technology Architecture (or VistA) — numerous times over the past 20 years. These attempts include the iEHR program and the VistA Evolution program.

While the iEHR program set out to replace the separate systems used by the VA and the Department of Defense with a single system, the VistA Evolution program wanted to improve VistA with new capabilities and a different user interface.

From fiscal year 2011 to fiscal year 2016, the VA contracted with 138 vendors and dedicated more than \$1.1 billion to these two programs. The 15 main contractors that worked on the efforts cost the VA \$741 million.

Only recently did the department announce that it will switch to a Cerner EHR system instead of modernizing its legacy system.

FITARA-related efforts

The GAO report also touches on the Federal Information Technology Acquisition Reform Act, otherwise known as FITARA. Enacted by Congress in late 2014, it focuses on how the government purchases and managed technology.

The VA has worked toward consolidating its data centers and reported \$23.61 million in data center-related cost savings. But the progress isn't quite enough, as it "has fallen short of targets set by the Office of Management and Budget." On top of that, the VA doesn't anticipate more savings regarding data centers.

More on federal health IT

In other health IT news, a December 12 summit between a number of top officials has garnered the attention of the healthcare world.

Jared Kushner, President Donald Trump's son-in-law and the leader of the Office of American Innovation, will lead the event along with CMS Administrator Seema Verma. The meeting will focus on EHR interoperability, according to Politico.

A few other prominent folks will be there, including National Coordinator for Health IT Don Rucker, Intermountain Healthcare CEO Marc Harrison and CMO Officer Stan Huff, a representative from Cerner and The Sequoia Project CEO Mariann Yeager.

As Politico also pointed out, the summit does have ties to the goings-on of the VA. Earlier this year, Kushner boasted about how quickly the VA secured the Cerner deal.

According to leaked audio, Kushner claimed that with his assistance, the department was able to sort out a solution in a two-week time frame.

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3.3 - KTVH (NBC-12, Video): [New vet center gives Veterans more options](#) (11 December, Lindsey Ford, 2.3k online visitors/day; Helena, MT)

Helena will now have a new option for veterans who want access to mental health services.

The new Helena Veteran Center located at 1301 Elm Street, will provide a second option for veterans who don't want to go to the larger Fort Harrison VA hospital. It will also create more capacity for mental health services.

"We will treat any combat veteran from any era and it can be anything that they are looking for help with. It can be from depression, from anxiety, can be from PTSD, traumatic brain injury," said Eric Cattenring, Veteran Center Director for the Helena location.

As of Monday, the new VA Center had empty rooms, but come early January, all the furnishings will be put in.

"You can see it doesn't look like home right now but it should look like home in a couple of weeks," said Cattenring.

Cattenring said they hope to serve around 50 to 100 veterans once the facility is up and running.

"Its just going to be (a) comfortable safe place in our community where veterans can come", said Cattenring.

Cattenring is a veteran himself and said he served 25-years in the Army and Army Reserves, including time in Iraq. He said being a veteran, he has an understanding of what veterans need.

"You'll find things where veterans will come and get a cup of coffee, they will sit down and want to warm up on a cold day, other veterans might want to come here and start an AA meeting, but you'll find them come and typically express what it is that they are seeking," Cattenring added.

Cattenring said ultimately they will offer ways to help connect veterans with each other with activities such as a book club or a walking group. They will also be available to help military sexual trauma survivors.

"We also try to do everything for them just like we would for a combat veteran without differentiating between the types of trauma they were exposed to," said Cattenring.

Veterans and service members can continue to seek care from the temporary office at the Helena Job Service at 715 Front Street until the VA center is operational.

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (Reuters): [Trump's Push to Cut Federal Jobs Has Modest Impact, Mostly in Defense](#) (12 December, Jason Lange, 24M online visitors/mo; Washington, DC)

WASHINGTON (Reuters) - President Donald Trump's campaign to shrink the "bloated federal bureaucracy" so far has made a small dent in the federal workforce, and that largely because of a decline in civilian defense jobs.

Days after his Jan. 20 inauguration, Trump ordered a hiring freeze later replaced with an order for federal agencies to cut staff immediately, and in March he proposed a 2018 budget that sought to shift \$54 billion to the military from other departments.

However, federal civilian jobs declined around 6,000 in the first nine months of this year, or just 0.3 percent of 2.1 million such jobs tracked by the Office of Personnel Management, according to Reuters calculations based on the latest OPM data published in late October.

The White House Office of Management and Budget declined to comment on the overall drop in federal employment or the mix of job gains and losses across agencies. The Office issued in April the order for agencies to start near-term staffing cuts and to submit plans for longer-term reductions by September.

Trump has not detailed how much "fat" he aims to cut, but spoke of "billions and billions of dollars" of government waste and his aim to shrink the "bloated federal bureaucracy" while preparing his budget proposals in March.

Independent watchdogs agree the federal government could be made more efficient, with Congress's Government Accountability Office estimating in April that overlap and duplication lead to "tens of billions" of dollars in unnecessary spending.

Before Trump, Democrats Barack Obama and Bill Clinton and Republican George W. Bush have all spearheaded various efforts to streamline government bureaucracy.

David Lewis, a political science professor at Vanderbilt University, said this year's numbers showed that Trump's executive orders had limited power to reshape the federal bureaucracy. Ultimately, the Congress controlled the budgets and had the biggest sway over agencies'

staffing, said Lewis, whose research has largely focused on executive branch politics and public administration.

The White House has said agencies' longer-term workforce reduction plans will serve to develop Trump's 2019 budget proposal.

The overall decline in federal staffing this year is largely due to a roughly 9,500 drop at the Department of Defense to about 731,000, a 1.3 percent decline, even though Trump's budget proposal envisaged small increases between 2016 and 2018 in employment measured by hours worked.

Pentagon spokesman Dave Eastburn said hiring was slow during the White House-ordered freeze, but exemptions allowed recruitment for mission-critical positions and military readiness was never affected. He described the decrease in staffing this year as "well within historical norms."

In fact, the number of active-duty service personnel, which was exempt from the hiring freeze, grew by about 7,000 in the 12 months through September, according to Defense Department data.

Still, cuts in the civilian staff could push more work onto relatively expensive contractors and military officers, potentially raising costs over time, said Scott Amey, general counsel at the Project on Government Oversight, a non-partisan watchdog group.

"If we're just cutting jobs to cut jobs then mistakes are likely to be made," Amey said after reviewing Reuters' calculations of OPM data.

Mallory Barg Bulman, a researcher at the Partnership for Public Service, a non-partisan nonprofit, said targeting the number of jobs in general was not the best way of improving how the bureaucracy works.

"A hiring freeze is not the answer to making the government more effective," said Barg Bulman. Instead, agencies should invest more in training to boost productivity, she said.

The OPM figures, which exclude the postal service and some smaller independent agencies, showed the declines were in part offset by staffing gains - totaling about 9,000 - at the homeland security and veterans affairs departments. Much of the gains were in divisions that control immigration and in medical care for former soldiers, areas Trump has identified as priorities.

The Department of Veterans Affairs did not respond to a request for comment. A spokeswoman at the Department of Homeland Security said staffing increases owed to revised recruitment strategies as well as temporary hiring for hurricane relief efforts.

Some staffing ups and downs at agencies are part of long-standing budget issues or seasonal factors. The Treasury Department lost staff largely due to budget cuts ordered by Congress in past years for its tax collection service, while the departments of interior and agriculture saw increases due to seasonal hiring.

(This version of the story has been refiled to clarify description of the Partnership for Public Service in paragraph 15)

(Reporting by Jason Lange; Additional reporting by Phil Stewart and Jeff Mason; Editing by Tomasz Janowski)

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4.2 - The Post Standard: [Syracuse VA Medical Center appoints first woman director](#) (12, December, James T. Mulder, 3.2M online visitors/mo; Syracuse, NY)

The Syracuse VA Medical center has appointed its first woman director.

Judy Hayman replaces James Cody, who retired in April. Hayman, who has been at the VA more than 10 years, has served as acting medical director since Cody's retirement.

Hayman has a doctorate in psychology, is a member of the American College of Healthcare Executives and a graduate of the Health Care Leadership Development Program.

"Her sound leadership qualities and proven experience will be valuable assets for the facility, the employees and volunteers, and most importantly, for the veterans we are honored to serve," said Dr. Joan E. McInerney, director of Veterans Integrated Service Network 2.

The Syracuse VA is a 136-bed referral center that includes a 16-bed psychiatric unit, a 48-bed community living center and a spinal cord injury center. It is a teaching facility affiliated with Upstate Medical University and operates outpatient clinics in Massena, Watertown, Auburn, Rome, Oswego, Binghamton and Freeville.

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4.3 - Bangor Daily News: [VA to hire three outreach staffers at Togus](#) (12 December, Jake Bleiberg, 1.2M online visitors/mo; Bangor, ME)

PORTLAND, Maine — The U.S. Department of Veterans Affairs plans to hire three new staff members to help Maine veterans adjust to and cope with life outside the military.

In next three months, the VA intends to hire a staffer to help Maine veterans navigate the criminal justice system, as well as state coordinators for its programs to connect returning veterans with health care and suicide prevention services.

VA Deputy Secretary Thomas Bowman announced the new positions during a symposium on veteran suicide at the University of Southern Maine Tuesday. The staffers will be based at the Togus VA Medical Center in Augusta but are expected operate statewide, according to Ryan Lilly, director of the medical center.

"Veteran suicide is a significant problem for the state and the country," said Lilly, noting people who have served in the military are more likely than civilians to die by suicide. "These are critical needs for the system and all three positions will help."

The new positions will give Maine a second VA employee in the Veterans Justice Program — which focuses on criminal justice, homelessness, addiction and coordinating between the

department and local law enforcement — and a third focused on suicide prevention, according to Lilly and a spokesperson for U.S. Sen Angus King.

As of 2014, the rate of veteran suicide in Maine exceeded the national average by nearly 10 percent, according to the VA. With 55 veteran suicides in that year, Maine's rate also surpassed the average in the Northeast by more than 17 percent.

King had urged the VA in February to fund two of the new positions.

All four members of Maine's congressional delegation applauded the Tuesday announcement.

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4.4 - Sentinel & Enterprise (Video): [Leominster firefighters show warm hearts in helping out two neighbors](#) (12 December, Amanda Burke, 80k online visitors/mo; Fitchburg, MA)

LEOMINSTER -- The Fire Department showed up Monday with a pile of lumber and plans to build a wheelchair ramp for a disabled veteran, only to learn last minute that regulations at his mobile-home park prohibited them.

"I'm feeling kind of sick to my stomach," Lt. Craig Long said. "Thinking that we were going to have this guy able to get out of his house ... get some fresh air, now I don't know how long that's going to be."

Long spoke after learning about the no-ramp rule alongside nearly 20 other Leominster firefighters. They had arrived Monday morning to build a ramp so that 77-year-old retired Navy seaman Donald Denoncourt could come and go from his home without assistance.

The crew had already broken ground when around 11 a.

Sentinel and Enterprise staff photos can be ordered by visiting our SmugMug site. m. a property manager at Meadowbrook Acres walked over, clipboard in hand. The manager gave Long unwelcome news: Wheelchair ramps violate building codes at the mobile-home park where the veteran lived.

The firefighters' work ground to a halt. Long approached Denoncourt, who sat in his wheelchair, having been lifted down the front stairs by firefighters to watch them work.

"We're not done," Long told Denoncourt. "We're going to keep working at it, and we'll find some way to make it work. The Fire Department's there for you."

Denoncourt replied, "I appreciate it, I feel bad for you."

Long and his team moved on to Plan B.

They would begin searching for electrical wheelchair lift, whose installation would not violate the property's building codes and would allow Denoncourt to come and go from his home without assistance.

After serving four years in the Navy from 1958-62, Denoncourt worked as a dye and tool maker, his wife, Roberta, explained inside their home on Monday.

He was diagnosed two years ago with Parkinson's disease, an incurable disorder that affects the body's central nervous system, making it difficult for Denoncourt to move or speak.

Sentinel and Enterprise staff photos can be ordered by visiting our SmugMug site. "He can go down the stairs on some days, it depends, he has good days and bad," she said.

Roberta said she asked Veteran's Affairs for help six months ago making her home accessible. The city agency reached out to a contractor, she said, who called her back and told her it would cost \$4,000 to build a wheelchair ramp.

They couldn't afford it. So Veterans' Affairs began searching for a donor, and Long said his department stepped up to help through the Leominster Firefighters Local 841 Community Outreach Fund.

"The Fire Department, they're wonderful," said Roberta, who is herself battling cancer. "They said, 'You're not going to pay anything, we're going to handle it, he's one of our own, we're brothers.' "

It is perhaps because of that sense of fraternity that Long and his team refused to give up after plans for the ramp were scuttled.

A solution was found swiftly. The property manager told Long that Denoncourt's neighbor, Marlene Thibeault, may just have an electric lift that she was not using.

Long walked to Thibeault's residence one street over, and knocked on her door. The two began talking. Thibeault told Long the ramp belonged to her husband, who died several years earlier.

Sympathetic to the Denoncours' dilemma, Thibeault donated the electric lift to the cause. Long soon learned Thibeault, too, was in need of help.

Water was leaking through the roof around the skylight in her mobile home. The firefighters, a couple of them licensed contractors and another an electrician, decided to help Thibeault.

In light of her generosity with the lift, the firefighter's bought Thibeault a brand new skylight and installed it.

By 5:30 p.m., they were still working under floodlights on Thibeault's roof and Denoncourt's front door.

"My guys are unbelievable," said Long. "In the end we're helping out two people, and the neighbors are helping out each other."

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4.5 - WRNR (CMN-790, Audio): [Author John Rothschild, VA Medical Center](#) (12 December, 8.7k online visitors/mo; Martinsburg, WV)

John Rothschild, author of the best selling book: "Football Betting Made Easy". Also, from the Martinsburg VA Medical Center, Sarah Tolstyka, Sandy Spicher and Bobbi Corbin.

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KBSI (FOX-23): [VFW riders donate to John J. Pershing VA Medical Center Veterans](#) (11 December, 200 online visitors/day; Cape Girardeau, MO)

POPLAR BLUFF, MO (Heartland News at 9) - The VFW Riders from District 15 recently made a significant donation to the John J. Pershing VA Medical Center's Community Living Center for Veterans.

Voluntary Services Officer Donna Reynolds explained the donation will be used to purchase items the Veterans need.

Those interested in volunteering or donating may contact Reynolds at 573-778-4275, Voluntary Services Specialist, Chris Luecke at 573-778-4276 or Voluntary Services Assistant, Dale Day at 573-778-4499.

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[5. Improve Timeliness of Service](#)

5.1 - Great Falls Tribune (Video): ['... they never give up on you': Veteran praises VA, pilots for saving life](#) (12 December, Phil Drake, 272k online visitors/mo; Great Falls, MT)

Ralph Pottratz becomes more than a little emotional when asked what he would like people to know about the care he has received over the years from the U.S. Department of Veterans Affairs.

"If it weren't for the VA I'd be dead," the 80-year-old Great Falls resident said recently from his apartment at the Soroptimist Village.

"I cannot say enough good things about them," he said, choking back tears.

And his praise doesn't stop there. He also heaps a generous portion of kind words on to Angel Flight West, a group of volunteer pilots who shuttled him aboard private planes from Great Falls to Salt Lake City for surgery, at no cost. And he adds that one of the pilots drove him from the airport to the hospital.

In times of criticism of the VA and big changes to the system, Ralph's praise is not unique, one Montana VA official said, but it is very welcome.

Ralph, a widower, said he has been using VA services for at least 12 years.

"They are so efficient and so good, and they never give up on you," he said. "Everywhere I go with the VA, they treat you so nice. It's not like you're a monetary number."

He knows his comments will spark debate, but says he's ready for it.

He said he usually tells people to "get their facts straight," when he hears complaints, adding they should compare what they pay to the amount they would have to pay if charged a civilian rate.

Ralph rattles off a litany of ailments he has been treated for through the VA, ranging from heart blockage, diabetes, back fusions, sinus problems, colon cancer and eye surgeries.

"Their equipment is first class, and their people are first class," he said.

And he notes his monthly medications, which would cost up to hundreds of dollars each, come to him for \$8 each through the VA.

He served in the U.S. Air Force from 1957 to 1962, or, as he likes to put it: "Four years, five months, 28 days, 12 hours, 36 minutes and 41 seconds" and left as an airman 1st class.

He said he walked out the gate one day at Malmstrom Air Force Base on his way out of the service and walked through the same gate the next day as an employee of Boeing Aircraft Co. to build Minuteman missiles.

Ralph's story is not just about one veteran, but about the many people and agencies that helped him.

It's about the California-based Angel Flight West, which coordinated Ralph's flight. It's about the retired doctor in Helena who filled his Cessna with gas, all on his own dime, and flew Ralph to Idaho where another Angel Flight volunteer picked him up.

Cheri Cimmarrusti, associate executive director of Angel Flight West, remembers Ralph. "It just so happens I picked up the phone the day that Ralph called," she said. "We worked on his flights and helped get him pilots. He was just the sweetest guy."

She has relatives in Great Falls and said she joked to Ralph that he didn't have to thank her, but if she ever visited Great Falls again, he owed her an Italian dinner at Borrie's.

Cimmarrusti said Angel Flight West does about 4,500 flights a year. People who use the service must have some compelling reason for using them such as financial necessity, a condition in which their immune system could be compromised, or live in a rural area where air service is not available.

In 2017, the group has flown 65 missions in Montana, ferrying 60 unique passengers.

She said it is all volunteer, and pilots are not paid, even for gasoline expenses.

"Most pilots feel they are blessed to be a pilot and have the ability to fly and give back to the community," Cimmarrusti said.

Reg Goodwin is one of them.

The retired doctor has been flying since 1973, when he worked for Cessna in Wichita, Kansas. He said the company gave employees the opportunity to learn to fly.

Goodwin, who moved to Helena in 1975, owns a Cessna 182, which he says is commonly known as “the pickup truck of the sky.” It was built the same year he started working for Cessna.

He, along with pilots Paul Hicks, Louis Rossi and Charles Jones shuttled Ralph from Great Falls to Salt Lake City.

“I’ve had one blessing after another in my life ... this feels like a chance to give back to what I’ve received,” Goodwin, 71, said. “And this feels like a chance to give back what I’ve received.”

And he’s had repeat customers. There is a girl from the Hi-Line he has been flying since she was 3, and she is now a college student in Bozeman.

He said some people sleep throughout the flight, some are enchanted by the view and some talk.

“Most people are always frightened and hurting,” Goodwin said. “They are going in for scary stuff and devastated by medical conditions.”

And the job comes with some heartbreak, Goodwin said.

“The children are the hardest — taking little kids to cancer camp when you know they aren’t going to be around in a year or two — yeah, that is tough,” he said, his voice training off.

“Their ability to live in the moment is humbling.”

And Ralph says his story is about the doctors, nurses and other medical staff who have helped him over the years.

Ralph does have some criticism for the VA as he doesn’t try to defend the Veteran’s Choice program, which lets veterans get health care outside the VA system. It has faced criticism from vets who have labeled it as dysfunctional and full of delays.

“Everybody I talk to is disappointed with the Veteran’s Choice program,” he said.

Ralph Pottratz says that every time he gets treated by the VA he’ thanks the doctors and the nurses for helping him.

Kirby Ostler, assistant director for the Montana VA Health Care System, said Veterans Choice is “difficult” to work with. He said it was imposed upon the VA by Congress and “we are trying to wade through it.”

But he was heartened by Ralph’s praise of VA in general. He said on a recent day he received three letters from veterans who had been helped by the VA.

Two praised the service they received.

The other? Not so much.

“People are often complimentary to us,” he said. “It’s actually much-needed in the ever-changing VA we have now with media sources and certain agendas.”

"It makes one question how many strong supporters we have out there."

Ostler said the Montana VA has been able to improve its ratings. He urges people people to attend town hall meetings and ask questions.

"The more conversations we have, the better," he said.

In September, the Montana VA Health Care System received a three-star rating for quality, improving its one-star grade from earlier this year. Montana's federal lawmakers were happy with the news, but some remain guarded in their comments.

Some called it a good first step, and noted that five stars was the top rating.

However, Democratic Sen. Jon Tester noted at the time they need to get treatment to veterans more quickly, but "veterans tell me overwhelmingly that they like the care they receive at VA Montana once they get in the door."

According to the report, Montana VA had greatly improved mental health continuity of care, health care-associated infections, in-hospital complications, efficient and appropriate health care service admissions and continued treatment. It also improved its overall rating in an inpatient survey.

Ralph says that every time he gets treated by the VA he's sure to thank the doctors and the nurses for helping him.

"They say 'Thank you for your service,'" he said. "I say 'Don't thank me, thank you.'"

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5.2 - KTXS (ABC-12, Video): [Brown County veteran being sued by hospital for unpaid fees](#) (12 December, Joshua Peguero, 195k online visitors/mo; Abilene, TX)

BROWNWOOD, Texas - A Brownwood hospital is taking a disabled veteran to small claims court over unpaid fees after she received emergency surgery two years ago.

But Gayla McLaughlin says she was under the impression her VA benefits would've covered the visit, which is now costing her nearly \$2,000.

McLaughlin, who spent 17 years in the U.S. Air Force working as a nurse, said in November of 2015 she underwent emergency surgery at Brownwood Regional Medical Center. Doctors removed her appendix.

"I think that this is an issue that's bigger than just my surgery at Brownwood Regional," she said. "This is something that's very pertinent to veterans."

She's scheduled to appear on Jan. 4 in small claims court before the Brown County Justice of the Peace of precinct one in order to settle her nearly \$2,000 hospital bill.

The Brownwood Regional Medical Center declined to comment to KTXS on pending litigation.

McLaughlin said she initially told hospital administrators to use her VA benefits to cover the surgery. But, she said they asked for another form of insurance and that's when she gave them her private insurance.

"We haven't been able to resolve it because I used my private insurance. I didn't use my VA benefits and so there's no way for them to go back and change the paperwork and re-file," McLaughlin said.

Brown County Service Officer James Masters told KTXS he's seen situations like McLaughlin's play out plenty of times.

"You've got to think very hard where we are in the rural areas, whether it is an emergency," Masters said.

Masters said the VA generally covers emergency room visits only if there's a loss of limb or life.

He recommends veterans visit their local VA clinic and get the help of a patient advocate, who can help them with disputing a hospital's bill.

According to the Department of Veteran Affairs, the best way for a veteran to get emergency treatment is at a VA Medical Center. The closest one to Brownwood is located in Waco.

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5.3 - KPAX (CBS-8, MTN News): [Bill aimed to help Billings veteran's struggles with VA signed into law](#) (12 December, 192k online visitors/mo; Missoula, MT)

A bill named for a Billings veteran suffering from toxic exposure during his service in the 1960s was signed into law by President Trump, U.S. Sen Jon Tester announced Wednesday.

The bipartisan Gary Deloney and John Olsen Toxic Exposure Declassification Act declassifies the records of Project SHAD, the Shipboard Hazard and Defense program, which allows Olsen of Billings and others to access Veterans Affairs disability benefits and care.

Olsen, a Navy veteran, worked on the project testing biological and chemical weapons and was exposed to highly toxic carcinogens. He has fought cancer four times, and the VA had denied his claims because he lacked documentation from the classified project, according to Tester's office.

The bill was included in the 2018 National Defense Authorization Act, a \$700 billion bill that funds the military. Trump signed the bill Tuesday at the White House.

"It's taken a long time, but I'm happy that we've reached this point. I appreciate Jon Tester's work to get my records declassified. We've finally gotten to the point we should have gotten to 50 years ago. There are a lot of people that will be excited to hear about this," Olsen said in a statement from Tester's office.

Gary Deloney, the other veteran named in the bill, served in the Navy in the 1960s and died in 2015. He lived in Kansas, along with Tester's co-sponsor of the bill, Republican Sen. Jerry Moran.

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5.4 - WSHU (NPR-91.1, Audio): [Veteran Sickened By Plutonium After H-Bomb Accident Brings Class Action Suit](#) (12 December, Cassandra Basler, 26k online visitors/mo; Fairfield, CT)

When two Air Force planes collided in 1966, they released hydrogen bombs that sprinkled plutonium all over the Spanish countryside. Victor Skaar and nearly 1,600 service members got sick after cleaning the spill.

Skaar and Yale Law School interns have now filed what could be the first nationwide class action lawsuit in the U.S. Court of Appeals for Veteran Claims in Washington D.C., the highest court that handles disability benefits in the VA.

Meghan Brooks, a law student at Yale's Veterans Legal Services Clinic, says the VA fails to recognize that radiation exposure caused Skaar's blood disorder and cancer.

"For the most part these veterans really feel like they've been forgotten. Not just by the public, but especially by the VA."

Brooks says if the lawsuit is allowed to move forward, then it would affect everyone who has filed a disability benefits claim related to the Palomares incident. She says the VA wants to oppose the motion for class action.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WRC (NBC-4, Video): [Veterans Affairs Asking Veterans to Return Benefit 'Overpayments'](#) (12 December, Susan Hogan and Perkins Broussard, 4.8M online visitors/mo; Washington, DC)

The U.S. Department of Veterans Affairs is sending thousands of overpayment notices telling veterans to pay back their benefits.

When Navy veteran Isaac Daniel retired after 22 1/2 years of service, he qualified for disability benefits due to knee issues and near fatal intestinal problems. He started receiving monthly disability payments of \$1,100 in 2006. That's in addition to his retirement check of \$12,000 per month.

With a wife and five children all under the age of 19, Daniel relied on both checks.

“Up until this point, I had wonderful things to say about the VA,” he said. “But out of the blue this thing happened.”

The VA's debt management center sent Daniel a letter in 2016 stating it paid him \$18,000 more than what he was "entitled to receive."

“Once I retired, I still had children and a wife, and in 2006 they said you didn't have them anymore, according to their records,” he said.

The VA told Daniel he never updated nor returned a dependent verification form sent to him.

“They said they sent it,” he said. “I never received it, never.”

When Daniel called the VA to question the debt, he found out the VA sent the dependent verification form to an address he lived at 35 years ago. He thought he updated all his information when he applied for a VA loan and moved to Fort Washington, Maryland.

“Wo everything was up to date,” he said. “Everything was, except the one place – disability.”

So the debt management center began to garnish his disability check -- all \$1,100 of it -- to pay back what the VA said it overpaid him dating to 2006.

The sudden stop in disability benefits hit Daniel's budget hard.

“It was a time when child care costs were higher because of summertime, a time when there was some housing repairs, automotive repairs,” he said. “Everything kind of hit all at the same time. I mean, a daughter in college.”

Daniel is just one veteran News4 heard from.

Zaldy Sabino, a Navy vet and Air Force retired, said he owed more than \$22,000, but he said he never received any disability benefits during the time frame the VA said he did.

“They said somebody was receiving it,” Sabino said.

He has no idea who that somebody is.

Navy vet Robert Sullivan, who retired in 2005, said he received two direct deposits from the VA totaling more than \$13,000 but didn't know why. He said when he called the VA looking for an answer, he really didn't get one.

“After numerous phone calls, nobody would tell me really anything,” he said. “They were very vague about it.”

He said he spent part of the money when he got in a financial bind, but months later the VA sent him a letter asking him to pay it all back.

“Of course I got the letter saying, ‘Hey, we want all this money back,’” he said. “Well I don't have it now.”

Each vet said the VA had the wrong information when it came to dependents on their disability benefits.

"They no longer believed I was married," Sullivan said. "In fact, they didn't believe I had ever been married."

The VA also questioned whether Zaldy had children.

"This dependents admission by the VA only came recently," he said.

Since contacting News4, Sullivan's and Sabino's cases have been settled.

Sullivan also reached out to Congressman Gerry Connolly, D-Va., who stepped in to advocate on his behalf.

"There is a level of incompetence that is irksome, but to the individuals affected, it can be quite earth-shattering," Connolly said.

Daniel said his disability benefits are back to what they should be.

"They then refunded all the money back to me and gave me my monthly payments back," he said.

But members of Congress said the problem with record keeping and communication still exists.

"It's not only maddening, it actually threatens a family's budget and their ability to make their rent or their mortgage payment or keep food on the table," Connolly said.

He is just one advocate for these veterans.

The VA has yet to give Congress any concrete plan to fix the problem, but this past summer it started offering a 12-month payment plan if veterans could not pay back the overpayment in full.

The VA admits it sent more than 260,000 overpayment notices this year. It told Congress it sent 238,000 last year.

The VA secretary denied numerous requests for an interview.

Statement from VA spokesperson:

When VA initially notifies Veterans of their benefits award, the department instructs Veterans to alert VA to any change in dependent status or a future change in address. The best way for veterans to avoid issues regarding dependent and spousal benefit overpayments is to alert VA immediately to any change in dependent status and promptly report any changes in address, as they are initially instructed to do upon notification of their benefits.

While Veterans are responsible for informing VA of any changes in dependent status or address, VA also has a process by which it sends beneficiaries a Dependent Verification Letter to the most recent address provided by the Veteran in order to verify all the Veteran's dependents. The Veteran has 60 days to return the completed document. If the document is not

received, VA begins procedures to remove the dependents and recoup any overpayments made to the Veteran. If mail is returned as undeliverable by the U.S. Postal Service, VA's Debt Management Center runs an address verification and will resend a debt letter to a more recent address if one is available.

As of August 10, 2017, VA changed its overpayments collections policy so that Veterans are automatically placed into a 12-month recoupment plan, which provides significant financial relief in most cases. Prior to that, benefit recoupment was at 100 percent unless a payment agreement had been entered into.

Reported by Susan Hogan and shot and edited by Perkins Broussard.

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7.2 - Star Advertiser: [Vietnam vet's indecision highlights the challenges of being homeless](#) (10 December, Dan Nakaso, 2.1M online visitors/mo; Honolulu, HI)

Retired Air Force Sgt. "Skip" Wheeler stood among the chaos of angry and confused homeless people being swept by state sheriff's deputies on Monday and offered a blunt assessment of himself and his situation as a homeless military veteran.

"Basically, I'm a lazy bum," Wheeler, 70, told the Honolulu Star-Advertiser as 69 other homeless people poured out of a Mapunapuna bike path on Department of Transportation property. "I need adult supervision. I say that truthfully. I'm not motivated."

Wheeler's unvarnished assessment only fueled the frustration felt by Salt Lake resident Dennis Egge, also 70, whose own naval service in Vietnam as a chief petty officer between 1968 and 1975 overlapped with Wheeler's service in Vietnam between 1964 and 1968.

"We have these people who will take anything they can take from the system," Egge said. "Whatever we're willing to give, they'll take it — and they want more."

Egge, a part-time condominium manager, tries to help Oahu's homeless when he can. On Friday night, Egge helped drop off three large trays of rice, beef broccoli and chicken long rice to the Institute for Human Services that could serve dozens of people in the state's largest homeless shelter.

At the same time, Egge represents untold others across Oahu who are "easily frustrated" — as he put it — that more homeless seem unwilling to change their lives for the better.

"It's sad, actually," Egge said. "Very sad."

But Wheeler did take an important first step.

On Friday, for the first time, Wheeler woke up in the city's Hale Mauiola homeless "navigation center" on Sand Island after moving in the day before. He had new, clean clothes and a safe place of his own where he could sleep behind a locked door.

After his first 24 hours at Hale Mauliola, however, it was too soon to know whether Wheeler will finally decide for good to move away from the same streets where he was being attacked and robbed.

In one moment outside his shipping container unit at Hale Mauliola, Wheeler told the Star-Advertiser that he's motivated and wants to change his life. In the next, he said he might not even stay at Hale Mauliola long enough to celebrate his 71st birthday on Dec. 18 because "it feels like living with my parents," adding: "I don't want to be told what to do. I came here making my own decisions. I don't hurt anybody with my decisions."

Kimo Carvalho, spokesman for IHS, which runs Hale Mauliola for the city, said Wheeler's attitude after eight years of chronic homelessness is not unusual — and only illustrates the hard work that begins once someone agrees to accept help.

"He's only been here for two days," Carvalho said on Saturday. "We're not discouraged. This is normal for a chronically homeless person. This is just the start. He's lived without rules for so long that it becomes hard for someone like him to adjust. Any time a chronically homeless person enters a homeless shelter, they're going through a withdrawal process. There are still many more stages for him to experience. We need to keep him motivated and engaged in (positive) steps. Skip's situation is very much reflective of the challenges facing homeless service providers."

With 100 percent disability and Social Security payments, Wheeler has enough money to rent a place of his own on Oahu, but isn't interested. (He asked that the exact amount of his payments not be disclosed.)

He also could be eligible for housing in 50 new studio apartments aimed at military veterans that opened Friday in Kapolei.

Art Minor, an outreach worker for the U.S. Department of Veterans Affairs, said older veterans such as Wheeler from the Vietnam era are particularly reluctant to seek out help, even if they're being victimized by other homeless people.

"They have a lot of pride," he said. "It often takes significant things to happen in their lives before they reach out — like a sweep."

Outreach workers from the Kalihi-Palama Health Center first met Wheeler in May under the H-1 freeway viaduct but he "did not want any assistance," wrote Darrin Sato, Kalihi-Palama Health Center's chief operating officer.

Minor had been looking for another veteran around the bike path last month when some homeless people pointed out Wheeler and "said they were worried about him getting taken advantage of," Minor said. "I had offered emergency housing the first time I met him. He was not interested in that."

Minor maintains the DOT's Oct. 23 sweep of the H-1 freeway viaduct that cleared 120 people — and Monday's follow-up sweep of the adjacent bike path — helped drive a change in Wheeler's attitude.

"I think that played a role," Minor said. "It does bring some people out of the woods."

Then on Tuesday, IHS had a vacancy at Hale Mauliola.

So when Minor saw Wheeler outside the Keehi Lagoon Memorial on Thursday, Minor picked him up and took Wheeler directly to Hale Mauliola.

"I'm the dumbest (and oldest) of four children who are very smart," Wheeler told the Star-Advertiser at Hale Mauliola. "One brother has two Ph.D.s, my sister's a lawyer and another brother has two master's (degrees) and is working in West Africa (to provide humanitarian relief). Me, I'm a papillon. I'm a butterfly."

Wheeler was born Edward Slade Wheeler III in San Bernardino, Calif., but prefers to be called Skip — "if you want me to answer."

After graduating from San Bernardino's Pacific High School in 1964, Wheeler wanted to join the Marines to join the fight in Vietnam.

"Dad said, 'No.' He said I could join the Coast Guard or Navy, but I get seasick," Wheeler said. "Two weeks later I was in the Air Force."

While in Vietnam through 1968, Wheeler said he was exposed to Agent Orange and today suffers heart problems and skin problems. He also uses a cane.

Between 1968 and 1972, the Air Force sent him to McClellan Air Force Base in Sacramento, Calif. When he mustered out, Wheeler became a golf pro working courses in California and in the 1980s moved to Oahu to work at military and civilian courses.

He married and divorced two wives and raised four children on Oahu and later drove a taxi.

Then, eight years ago, Wheeler decided to live by himself, away from other people. He moved under a bridge near Keehi Lagoon Beach Park and outfitted his encampment with a generator that fed air conditioning, a flat-screen TV and a DVD player.

Wheeler said it wasn't an option to move in with any of his children.

"I didn't want to interrupt their lives, not when I can take care of myself," he said. Later, Wheeler said: "None of them offered and I don't know if I would take it."

While living in and around the H-1 freeway viaduct, Wheeler got robbed numerous times, losing cash and IDs in the process.

Asked about being assaulted, Wheeler said, "I gave them a reason not to do it again. I'm not violent. I'm not aggressive, but I sure will protect myself. It was the cost of doing business."

Wheeler remains unsure of what happens next. He characterized his life as "at a crossroads."

Scott Morishige, the state's homeless coordinator, said that even homeless people who have been preyed upon have trouble adjusting when they're placed in a new situation, even when it's safer.

"Even when they're being assaulted on the street, it's hard for many people to make a change," Morishige said. "Even though you have the security of four walls and a door, you don't have that

same sense of community that you relied on. Even though it's not a 100 percent feel-good story, it's important for people to understand how difficult it is."

As Wheeler contemplates which direction his life will take next, Minor, from the VA, is still looking for the original veteran he was tracking down when he first met Wheeler a month ago.

Asked if he's concerned that other veterans like Wheeler are living off the grid in potentially dangerous situations, Minor said: "Absolutely. That's definitely concerning. I'm sure there are others out there like him."

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7.3 - Florence Morning News: [Wreaths Across America set for Saturday at Florence National Cemetery](#) (12 December, 288k online visitors/mo; Florence, SC)

FLORENCE, S.C. -- The annual Wreaths Across America event will be Saturday at Florence National Cemetery.

The event, promoted by Rolling Thunder SC4, Blue Star Mothers of Coastal Carolina and Warrior Watch Riders of South Carolina, will start at noon at the committal shelter in the new section of the cemetery.

"Every December, volunteers place thousands of wreaths on the graves of Soldiers all across America. This mission is sponsored by Wreaths Across America whose motto is 'To remember, honor and teach about the service and sacrifices of our veterans, active military and their families. We will never forget.'," according to a release on the event.

The public is invited to attend and participate in the event.

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7.4 - WBOY (NBC-12, Video): [Homeless veterans receive help in Clarksburg](#) (12 December, Mike Gilbert, 21k online visitors/mo; Clarksburg, WV)

CLARKSBURG, W.Va - New facilities and items were donated to homeless veterans on Tuesday.

The Harrison County Elks Lodge 2875 presented Clarksburg Mission with \$250 worth of supplies.

Th Mission has renovated new rooms and a community area to provide shelter for Vets who are living on the streets.

Four Veterans were selected through the VA Hospital Homeless Veteran Program and will be the first to use the new amenities.

The Elks Lodge considers homelessness among Veterans one of the biggest problems facing our country.

“There are about 45 or 50 thousand men and women living on the streets today that have served in our military. And, so for us to have a consistently, quality facility for people to come and just be able to lay their head at night and get the resources they need, this is real important to us,” said Chris Mullett, executive director.

The \$250 was received as part of the WV Elks Adopt-A-Veteran grant program.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [West Virginia Pair Get Prison for Taking Veterans' Pills](#) (12 December, 24M online visitors/mo; Washington, DC)

CHARLESTON, W.Va. (AP) — Federal authorities say a West Virginia couple who conspired to steal painkillers from military veterans and sell some has been sentenced to prison.

According to prosecutors, 28-year-old Amber Fox of Lesage faces two and a half years in prison after pleading guilty to mail theft.

They say 39-year-old David Grove Jr. 39, of Chillicothe, Ohio, faces two years in prison for conspiracy to distribute the pain pills.

They were ordered to pay \$453 in restitution.

Authorities say Fox was a federal postal support employee in the Charleston Processing and Distribution Center, where she admitted identifying and taking 45 to 50 packages that contained oxycodone and hydrocodone sent from the Department of Veterans Affairs.

She took them to the home she shared with Grove, where authorities found more than 500 stolen pills.

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8.2 - St. Louis Post-Dispatch: [Problems at St. Louis Veterans Home prompt governor to call for administrator's firing](#) (11 December, Kim Bell and Kurt Erickson, 8.9M online visitors/mo; St. Louis, MO)

JEFFERSON CITY • Gov. Eric Greitens has replaced five members of the Missouri Veterans Commission after saying an outside investigation into the St. Louis Veterans Home found serious problems.

In a press conference at the North County facility Monday morning, Greitens said he expected the nine-member Missouri Veterans Commission to meet this week. He said he believed it should move to fire Rolando Carter, the director of the St. Louis home, and Larry Kay, director of the commission.

The 300-bed St. Louis Veterans Home has been under a microscope over complaints by residents, employees and families that the facility is failing to adequately care for veterans. Complaints by veterans and family members about care at the St. Louis home were first made public in a Post-Dispatch column by Tony Messenger in October.

The concerns include improper medication, particularly of antipsychotics; the inability to hire and retain quality personnel; a lack of transparency and honesty in investigating complaints; and a loss of faith between veterans and their families and the administration of the Missouri Veterans Commission.

Three weeks ago, Greitens announced that an outside firm — Harmony Healthcare International — would conduct an independent investigation of the complaints.

Although the governor said his removal of members of the Missouri Veterans Commission and call for the firings of Carter and Kay were based on the results of HHI's investigation, one of the new appointees said he'd been in discussions about the move with the governor's office for weeks.

"I've been talking with his office folks for probably the last month," Dr. John Buckner told the Post-Dispatch Monday.

Buckner, a retired Army colonel and a surgeon at the Ferrell-Duncan Clinic in Springfield, said the governor had not asked him to fire Carter or Kay.

"We have not had discussions about any of those factors and specifics," Buckner said.

The remake of the board marks the third time in recent months that the first-year governor, a Republican, has used his power to put new people in charge of state policies. He earlier named new members to the state school board, who voted to fire former state school Commissioner Margie Vandeven.

At his press conference, Greitens said HHI had found "serious problems," from outdated policies to, in some cases, failure to provide adequate nutrition and hydration, resulting in malnutrition. Some veterans were left soiled and unwashed, or weren't moved often enough to prevent bedsores.

"They found, in short, that these veterans were not being treated with the dignity, the respect or the care that they deserved," said Greitens, a former Navy SEAL who campaigned on a platform that included helping veterans.

Staffers, he said, felt threatened and intimidated into not reporting problems.

"When people are being hurt, when bureaucrats fail to act, when they fail to listen, when they offer only excuses — we're going to find out, and they need to be fired," Greitens said.

He said he also had ordered a full investigation into all the state's veterans homes.

Greitens said his office first became aware of reported problems at the St. Louis Veterans home in July. He said he had asked the Missouri Veterans Commission, which oversees the homes, to investigate.

The commission reported it was unable to confirm the allegations. The governor then asked the Department of Public Safety to investigate, with an eye toward potential criminal misconduct. The Department of Public Safety suggested another investigation, this time by the U.S. Department of Veterans Affairs.

A 57-page report from the VA, the second from the agency this year, again found the care at the home to be satisfactory.

In late October, more than 100 family members, employees and veterans asked for an independent investigation of allegations of abuse, mistreatment and neglect at the facility. Missouri's two U.S. senators also asked for an investigation.

Greitens hired HHI to conduct a probe, at a cost of about \$50,000 to \$60,000.

In all, the HHI investigation is the fifth time the home has been surveyed for problems in the past year. HHI found the problems that prompted Greitens' press conference Monday. That included "substandard qualities of care" and "triggers for immediate jeopardy," defined as problems that have caused or could cause "serious injury, harm, impairment or death."

"Big government failed these veterans," Greitens said. "The Missouri Veterans Commission and VA told us that there was nothing wrong with these homes. Based on what the families told us, however, we were still concerned. So we launched an independent investigation. It found failures at the St. Louis Veterans Home that the VA and Missouri Veterans Commission missed or ignored."

The five members of the Missouri Veterans Commission whom Greitens replaced were appointed by his predecessor, Gov. Jay Nixon, a Democrat, according to Greitens. The four others on the commission are appointed by the Missouri Legislature.

Along with Buckner, new members of the Missouri Veterans Commission named by Greitens are:

- Dr. José Dominguez, a retired lieutenant colonel with service in the Missouri National Guard and U.S. Army Reserves. He is also a surgeon at the Ferrell-Duncan Clinic in Springfield and serves as a reserve deputy for the Greene County Sheriff's Office.
- Meredith Knopp, who served in the Army as a captain and co-founded a nonprofit for veterans. She is senior vice president of programs and operations at the Mission Continues, the St. Louis-based nonprofit group that Greitens founded for returning veterans before he entered politics.
- Tim Noonan, who served in the Marines as a captain and is a founding board member of the Friends of Soldiers Memorial. He is a retired Boeing executive from St. Louis.
- Tim Smith, who served as a sergeant in the Army. He owns Patriot Commercial Cleaning, a St. Louis firm that has hired more than 40 veterans.

Bellefontaine Neighbors Mayor Bob Doerr said he was "ecstatic" that the new commission would include three people from the St. Louis area. He said he wanted them to make unannounced visits to the veterans home.

Doerr said he also had heard horror stories from relatives of veterans at the home and tended to believe the report by the independent investigators.

“They’re independent. It didn’t come from the state, so that makes it more believable,” the mayor said.

Carter, the director of the home, did not attend the press conference. Doerr said the administrators told him that Carter, who lives in Bellefontaine Neighbors, was at home taking time off.

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From: (b) (6)

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Subject: [EXTERNAL] 23 December Veterans Affairs Media Summary and News Clips

Date: Sat Dec 23 2017 04:16:51 CST

Attachments: 171223_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

23 December 2017

1. [Top Stories](#)

1.1 - CBS News (Video): [VA used illegal policy to hire medical workers with revoked licenses for years: Report](#) (22 December, Kathryn Watson, 26.1M uvm; New York, NY)

The Department of Veterans Affairs for years relied on old and illegal policy allowing VA hospitals to hire medical workers even if their licenses had been revoked, according to a USA Today investigation. In 2002 the VA issued national guidelines giving hospitals the discretion to hire clinicians with revoked licenses after considering the facts of [the] situation and as long as the individual still had a license in at least once state.

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1.2 - U.S. News & World Report (AP): [Police: Driver Damages Headstones at VA Cemetery in Crash](#) (22 December, 24M uvm; Washington, DC)

Police say a driver crashed through a fence, damaging more than 30 headstones at a Department of Veterans Affairs cemetery in southwestern Ohio and then fled the scene. Dayton police say the crash at the Dayton VA cemetery was reported about 7:30 Friday morning. Authorities say two sections of fencing and a tree also were damaged in the crash.

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1.3 - Stars and Stripes: [Congress approves emergency funding for VA Choice, prevents delays of veterans' care](#) (22 December, Nikki Wentling, 1.5M uvm; Washington, DC)

A stopgap funding bill that President Donald Trump signed Friday to avoid a government shutdown included \$2.1 billion for a nearly bankrupt Department of Veterans Affairs program that allows veterans to seek medical care in the private sector. The measure was included at the insistence of VA Secretary David Shulkin, who wrote to Congress on Dec. 12 warning money for the Veterans Choice program was running low.

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1.4 - WFED (AM-1500, Audio): [Rep. Phil Roe: House committee leads charge on VA reform](#) (22 December, 831k uvm; Washington, DC)

The biggest civilian federal agency has undergone two years of continuous debate and reform. The Veterans Affairs Department is trying to modernize its support systems, rationalize its real estate, improve its workforce and give its constituents more choice of where they get medical care. Much of this work has involved the House Veterans Affairs Committee. Chairman Phil Roe (R-Tenn.) joins Federal Drive with Tom Temin with his take on the VA.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Mlive.com (The Grand Rapids Press): [Veterans Affairs expands with two new health clinics in Ann Arbor](#) (22 December, Kullen Logsdon, 10.9M uvm; Ann Arbor, MI)

Veterans across Washtenaw County are gaining more access to health care and different kinds of treatment, according to officials from Veterans Affairs. The VA Ann Arbor Healthcare System is rapidly expanding, according to public affairs officer Brian Hayes, and has moved clinics to separate buildings across the city of Ann Arbor.

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3.2 - Task & Purpose: [Trying To Upgrade Your Discharge? The VA Has An App For That Now](#) (22 December, James Clark, 102k uvm; New York, NY)

Without any fanfare or announcement, the Department of Veterans Affairs has launched a new online wizard to help veterans seeking to upgrade their military discharges. Available on the VA's Vets.gov benefits website, the interactive questionnaire walks former service members through the upgrade process' many steps, tailored to their particular situation.

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4. [Focus Resources More Efficiently](#)

4.1 - Newsmax: [Report: VA Hiring Workers at Hospitals With Revoked Licenses](#) (22 December, Todd Beamon, 10.8M uvm; Boca Raton, FL)

Hospitals operated by the Department of Veteran's Affairs have been defying federal law and hiring health care providers with revoked or suspended licenses for at least 15 years, USA Today reports.

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4.2 - Investor's Business Daily: [VA Negligence Is Killing Veterans](#) (22 December, Sally C. Pipes, 3.2M uvm; Los Angeles, CA)

A bombshell report just revealed that a Department of Veterans Affairs hospital knowingly hired a physician with a record of more than a dozen cases of malpractice, including the death of a patient. Other recent VA physician recruits include a known sexual predator and a dangerous felon. A separate analysis from the Government Accountability Office determined that several VA medical facilities had ignored roughly half of all patient complaints.

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4.3 - The Des Moines Register (Video): [VA needs increased financial and political support](#) (22 December, Kenneth Johnson, 3.2M uvm; Des Moines, IA)

The Des Moines Register recently reported that the VA Hospital in Des Moines hired a physician who consistently provided dangerous care to vets. Other media reports suggest substandard care is provided at VA facilities around the country.

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4.4 - WBRC (FOX-6): [Tuscaloosa VA nurses return from service in Puerto Rico hurricane aftermath](#) (22 December, Terri Brewer, 597k uvm; Birmingham, AL)

Two nurses, inspired to do disaster relief work following the April 27, 2011 Tuscaloosa tornado, have just returned from two weeks serving in Puerto Rico. The island is still working to recover in the aftermath of Hurricane Maria. Tuscaloosa VA Medical Center nurses Kimberley Sawyer

and Kathy Ridings were deployed to Puerto Rico through the VA's Disaster Emergency Management Personnel System, known as DEMPS. DEMPS is the Veterans

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4.5 - Daily Local News: [TMACC donates more than 2,500 gifts to Coatesville VA veterans](#)

(22 December, 190k uvm; West Chester, PA)

Transportation Management Association of Chester County officials delivered gifts Thursday to veterans as a way to give back to those who served. The Transportation Management Association of Chester County (TMACC) officials were joined by elected officials, members and various community partners gathered to deliver over 2,500 gifts for the veterans at the Coatesville VA Medical Center in Caln Township and for those in the Supportive Services for Veterans and Families Program at the Veterans Multi-Service Center.

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4.6 - Cecil Whig: [Perry Point VA gift distribution continues a powerful tradition](#) (22

December, Kris Kielich, 148k uvm; Ekon, MD)

The greatest gift many of us receive is one we often forget about: the sacrifice of our veterans in defending the country we call home, both in peacetime and in war. So it's only fitting that one of the traditions at Perry Point VA Medical Center every Christmas is to give back to those who gave so much. Dozens of volunteers from around the county came out Wednesday in the annual gift distribution at the veterans hospital, passing out bags full of gifts to the veterans.

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4.7 - Altoona Mirror: [Van Zandt email raises concerns](#) (23 December, William Kibler, 73k uvm; Altoona, PA)

A recent email from the new director of the Van Zandt VA Medical Center stating that employees who have been served with a subpoena or search warrant or contacted by investigative agencies must let hospital authorities handle their cases has proven to be controversial.

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4.8 - Press Publications (The Forest Lake Area Lowdown): [YMCA holds veterans Town Hall in partnership with VA](#) (22 December, Jackie Bussjaeger, 48k uvm; White Bear Lake, MN)

Veterans from the Twin Cities and beyond gathered Dec. 7 at the Forest Lake YMCA to give feedback to the Department of Veterans Administration (VA) on its performance. The VA has held quarterly Town Halls around the metro since 2013 in order to gather feedback and improve its services to veterans of the armed forces.

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5. [Improve Timeliness of Service](#)

5.1 - Washington Free Beacon: [Marine Veteran Denied VA Care After Waiting Over a Year for Treatment](#) (22 December, Natalie Johnson, 1.2M uvm; Washington, DC)

Retired U.S. Marine Corps Cpl. Rick Disney had served in the military about a year when he fell from a repel tower and broke his heel in Norfolk, Va., during a 1999 training exercise. In the years that followed, Disney was deployed overseas to carryout anti-terrorism operations, where he endured the wear-and-tear of an active duty service member, suffering neck, back, and leg pain that has persisted for more than a decade after he transitioned to the inactive reserves in 2002.

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6. [Suicide Prevention](#)

6.1 - WBFO (NPR-88.7): [Depression among veterans can escalate during holiday season](#)

(22 December, Michael Mroziak, 37k online visitors/mo; Buffalo, NY)

For many, the holiday season brings depression and, in more severe cases, thoughts of suicide. This includes many veterans who, upon returning home from overseas tours, may be struggling to process their experiences as they a time of year that's expected to be festive. A professional who works in mental health with the Department Veterans Affairs in Buffalo offers pointers for recognizing when a veteran may be in need of help.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Patch.com (Roswell): [Roswell Awarded Grant To Provide Sports Program For Disabled Vets](#)

(22 December, Kristal Dixon, 36.9M uvm; New York, NY)

The city of Roswell will soon be able to provide disabled veterans with opportunities to improve their health and quality of life thanks to a grant from the U.S. Department of Veterans Affairs. Roswell's Recreation, Parks, Historic, and Cultural Affairs Department has been awarded a \$21,080 VA Adaptive Sport Grant to create a Veteran's Adaptive Softball League and Veteran's Adaptive Cycling League, both of which will begin in spring 2018.

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7.2 - Philadelphia Inquirer: [This 79-year-old veteran lived in the N.J. woods for a decade. Now, he's come home](#)

(22 December, Erin Arvedlund, 11.8M uvm; Philadelphia, PA)

Just in time for the holidays, Stanislaw "Stan" Radkowski, 79, finally came in from the cold. The retired Air Force and Army veteran had been living on the edge of the Pine Barrens, camping in the New Jersey woods when his pension and Social Security benefits couldn't cover a motel.

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7.3 - The Ring of Fire Network (Video): [Trump Administration Cuts Aide For Homeless Veterans](#)

(22 December, Farron Cousins, 1.2M uvm; Pensacola, FL)

In a particularly cruel move, the Trump administration has decided to end a program that provided housing aide to homeless military veterans. This move came less than 2 days after the Trump administration doubled down on their commitment to US veterans, but apparently that was nothing more than empty words, as Ring of Fire's Farron Cousins explains.

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7.4 - WRCB (NBC-3, Video): [Chattanooga Vets Center goes the extra mile for veterans](#) (23 December, Kasey Freeman, 444k uvm; Chattanooga, TN)

The Chattanooga Vets Center is taking some time to give back this holiday season. On a daily basis they help connect veterans with the services they need. On Friday, they put some presents inside the pantries of veterans in need. As many families are already gathering to spend the holidays together, others are wondering where their next meal will come from.

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7.5 - The Southern Illinoisan: [Marion charity places more than 1,700 wreaths on veterans' graves](#) (22 December, Marilyn Halstead, 167k uvm; Carbondale, IL)

Jim Koonce has a goal: To place wreaths on the graves of all veterans buried in Mound City National Cemetery. Koonce and Honor Wreaths for Veterans, a Marion-based charity he founded, are getting closer. Each year, Honor Wreaths for Veterans works with local groups and organizations to raise funds to purchase wreaths from Wreaths Across America.

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7.6 - KUSI (TV-9, Video): [Second of three large tent shelters for homeless opens in Midway District](#) (22 December, Dan Plante, 160k uvm; San Diego, CA)

The second of three large tent shelters for San Diego's homeless opened in the Midway District Friday morning. The "temporary bridge shelter" is designed to house up to 200 veterans a day. It is operated by Veterans Village of San Diego and will provide easy access to veteran-specific programs for those staying in the shelter.

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7.7 - South Dakota Public Broadcasting: [U.S. Senate Passes Black Hills National Cemetery Expansion Bill](#) (22 December, Jeremy Ludemann, 44k uvm; Vermillion, SD)

The U.S. Senate has passed a bill that permanently transfers 200 acres of federal land to expand the Black Hills National Cemetery near Sturgis. The Senate unanimously approved the Black Hills National Cemetery Boundary Expansion Act by a voice vote. U.S. Senators John Thune and Mike Rounds were two of the bill's prime sponsors.

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8. [Other](#)

8.1 - WRGT (FOX-45, Video): [Dozens of headstones at Dayton VA cemetery damaged](#) (22 December, Christina Schaefer and Rhonda Moore, 52k uvm; Miamisburg, OH)

More than 30 headstones of veterans have been damaged after a vehicle crashed into a fence surrounding the Dayton VA cemetery. It happened in the area of Gettysburg Avenue and McCall Street. Workers are now out at the scene putting up a temporary fence and cleaning up the damaged headstones.

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8.2 - KPIC (CBS-4): [Miss Oregon USA visits veterans at VA Roseburg Health Care System](#) (22 December, 52k uvm; Roseburg, OR)

The Roseburg VA Health Care System had a surprise visit from Toneata Morgan, the current Miss Oregon USA, officials said. On November 24, Morgan took time out of her busy schedule to stop into the Roseburg VA main campus and visit with veterans in the outpatient clinics.

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1. [Top Stories](#)

1.1 - CBS News (Video): [VA used illegal policy to hire medical workers with revoked licenses for years: Report](#) (22 December, Kathryn Watson, 26.1M uvm; New York, NY)

The Department of Veterans Affairs for years relied on old and illegal policy allowing VA hospitals to hire medical workers even if their licenses had been revoked, according to a USA Today investigation.

In 2002 the VA issued national guidelines giving hospitals the discretion to hire clinicians with revoked licenses after considering the facts of the the situation and as long as the individual still had a license in at least once state. But three years earlier in 1999, Congress passed a law prohibiting the VA from employing any health care workers whose license has been revoked in any state. The VA confirmed the existence and use of the 2002 guidelines to USA Today.

Those illegal guidelines, USA Today discovered, have resulted in the hiring of doctors and other health care workers who never should have been employed to take care of veterans. For example, USA Today reported the VA in Iowa City hired neurosurgeon John Henry Schneider earlier this year, even though his application showed he had a number of malpractice claims and settlements against him, and Wyoming revoked his license when a patient died in his care. The neurosurgeon still had a license in Montana. So the VA hired him, USA Today found. The VA moved to fire Schneider at the end of November, after USA Today lodged inquiries about his case.

VA Secretary David Shulkin, who has been praised by President Trump for his work at the VA, told USA Today he has ordered a rewriting of those guidelines to reflect the law. It's unclear if VA leadership was aware of the national guidelines prior to the USA Today investigation. Shulkin was first appointed to leadership in the VA by former President Barack Obama in 2015.

"It's very clear to me that our job is to have the best quality doctors that we can provide to take care of veterans, and that's going to be our policy," Shulkin told USA Today.

Shulkin also told the publication the VA he has launched a nationwide review to find and remove any other health care providers who shouldn't be caring for veterans. Dozens of members of Congress have also demanded answers from the VA on the problem.

Subpar medical service has long been a problem at the VA, which is still trying to repair its care and reputation after the 2014 wait time scandal in which veterans died while they waited on secret wait lists. VA workers were even incentivized with bonuses to hide wait times, whistleblowers said.

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1.2 - U.S. News & World Report (AP): [Police: Driver Damages Headstones at VA Cemetery in Crash](#) (22 December, 24M uvm; Washington, DC)

DAYTON, Ohio (AP) — Police say a driver crashed through a fence, damaging more than 30 headstones at a Department of Veterans Affairs cemetery in southwestern Ohio and then fled the scene.

Dayton police say the crash at the Dayton VA cemetery was reported about 7:30 Friday morning. Authorities say two sections of fencing and a tree also were damaged in the crash. Officials estimate it will take at least six weeks to clean up the damage and make repairs.

Police didn't immediately release any additional details or say whether investigators had identified a suspect.

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1.3 - Stars and Stripes: [Congress approves emergency funding for VA Choice, prevents delays of veterans' care](#) (22 December, Nikki Wentling, 1.5M uvm; Washington, DC)

A stopgap funding bill that President Donald Trump signed Friday to avoid a government shutdown included \$2.1 billion for a nearly bankrupt Department of Veterans Affairs program that allows veterans to seek medical care in the private sector.

The measure was included at the insistence of VA Secretary David Shulkin, who wrote to Congress on Dec. 12 warning money for the Veterans Choice program was running low. A notice published in the Federal Register on Wednesday stated that without congressional action the account used for the program could be depleted as soon as Jan. 2. Shulkin predicted without more funding, there would've been a "dramatic impact" on veterans' health care.

The continuing resolution allows the government to remain operational through Jan. 19, at which point lawmakers will need to approve another budget deal to prevent a shutdown. Before the House voted on the four-week budget extension Thursday, Rep. Phil Roe, R-Tenn., chairman of the Committee on Veterans' Affairs, pleaded with congressmen to approve the bill because of the provision to fund Choice.

"We cannot allow the care of our veterans in the community to be jeopardized because of a lack of funding," Roe said. "A vote against a continuing resolution is a vote against funding medical care for our nation's heroes. The secretary's message is clear."

This marks the second instance this year that Congress approved emergency funding for the Choice program. In mid-August, the department received \$2.1 billion to keep it operational. At the time, some veterans had experienced interruptions in their medical care, and veterans' requests to receive private-sector appointments were accumulating.

The cost of the Choice program runs between \$200 million to \$400 million each month, Shulkin wrote in his letter to Congress this month. He's attributed an increase in the program's costs to its gain in popularity.

In a statement Thursday about the agency's achievements in 2017, Shulkin said the VA authorized 6.1 million appointments in the private sector this year. That's a 64 percent increase from the 3.7 million private-sector appointments in 2016.

The unpredictability of costs is one reason that Shulkin and a bipartisan group of lawmakers has pushed for sweeping reforms to Choice and the VA's other community care programs. Shulkin had urged Congress to pass new legislation before the end of the year. Though bills have advanced through the VA committees in the House and Senate, neither chamber voted on them before leaving for holiday break.

Ahead of the vote on the year-end budget deal Thursday, Sens. Johnny Isakson, R-Ga., and Jon Tester, D-Mont., leaders of the Senate Veterans' Affairs Committee, went to the Senate floor to make one last plea for a vote before the new year.

Their bill, the Caring for Our Veterans Act, establishes a new system for veterans to seek private-sector care and includes other provisions, such as an extension of VA caregiver benefits to veterans injured before 9-11. The Congressional Budget Office estimated the legislation would cost \$54 billion for 10 years.

Tester described the \$2.1 billion in emergency funding approved Thursday as a "Band-Aid" on a program that needs major reforms.

"We need a long-term solution, and if we don't get that long-term solution, we're not doing right by our veterans in this country," he said on the Senate floor.

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1.4 - WFED (AM-1500, Audio): [Rep. Phil Roe: House committee leads charge on VA reform](#) (22 December, 831k uvm; Washington, DC)

The biggest civilian federal agency has undergone two years of continuous debate and reform. The Veterans Affairs Department is trying to modernize its support systems, rationalize its real estate, improve its workforce and give its constituents more choice of where they get medical care. Much of this work has involved the House Veterans Affairs Committee. Chairman Phil Roe (R-Tenn.) joins Federal Drive with Tom Temin with his take on the VA.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Mlive.com (The Grand Rapids Press): [Veterans Affairs expands with two new health clinics in Ann Arbor](#) (22 December, Kullen Logsdon, 10.9M uvm; Ann Arbor, MI)

Veterans across Washtenaw County are gaining more access to health care and different kinds of treatment, according to officials from Veterans Affairs.

The VA Ann Arbor Healthcare System is rapidly expanding, according to public affairs officer Brian Hayes, and has moved clinics to separate buildings across the city of Ann Arbor.

After creating a clinic for mental health services and audiology in October at 3800 Packard St., the VA opened a sleep and dermatology clinic in late November.

The Green Road Outpatient Clinic, located at 2500 Green Road, serves between 40-60 veterans each day and provides services for their family members as well, Hayes said.

"Our veterans were a little skeptical because it meant taking appointments outside the medical center," he said. "But overall, the reception has been very good. It's a beautiful, state-of-the-art facility."

Reaching More Veterans

Moving the clinic to the new 10,000-square foot facility has allowed the VA to reach more veterans with the extra space and resources, Hayes said.

VA doctors looked at the University of Michigan's equipment when scouting for the new clinic and demanded to have "newer and better" machines.

"We have the very best of equipment," Hayes said. "It increased our sleep study rooms so now we have more capacity to do more sleep studies. By moving off site, it increases our access to get more veterans in and get services for sleep and dermatology."

Hayes said the VA has 5,544 of the 15,450 Washtenaw County veterans (36 percent) enrolled in health care and hopes that number continues to increase.

The veterans who are enrolled are transported by bus between the three facilities based on need. Hayes said the additional available parking is also a benefit of having off-site clinics.

VA teamed up with local real estate firm Oxford Companies to complete the Green Road Outpatient Clinic. Alex Perlman, associate director of Oxford Commercial, said the clinic will benefit the Ann Arbor community.

Full-Size Clinic Approved

In addition, Hayes said the VA has been approved and funded by Congress to build a full-size clinic in either Plymouth or Canton.

The Ann Arbor VA currently serves 5,000 Wayne County veterans and Hayes believes they could reach 15,000 when the new facility opens in three to five years.

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3.2 - Task & Purpose: [Trying To Upgrade Your Discharge? The VA Has An App For That Now](#) (22 December, James Clark, 102k uvm; New York, NY)

Without any fanfare or announcement, the Department of Veterans Affairs has launched a new online wizard to help veterans seeking to upgrade their military discharges. Available on the VA's Vets.gov benefits website, the interactive questionnaire walks former service members through the upgrade process' many steps, tailored to their particular situation.

The new tutorial is especially useful for vets trying to correct or upgrade “bad paper” discharges, administered for misconduct, that bar them from enjoying many VA benefits. It comes after an August announcement that the Pentagon would ease the criteria for granting upgrades, giving veterans “a reasonable opportunity to establish the extenuating circumstances of their discharge.”

“What the VA’s tool does, is it answers the most basic questions, which unfortunately, are what hold up most veterans who are seeking access to benefits that have been denied,” Kris Goldsmith, the executive director of High Ground Veterans Advocacy, told Task & Purpose. “Having it hosted at a website that directs you not just to VA appeals, but to DoD appeals, is common sense — and frankly, it should have happened a decade ago.” (VA representatives did not respond to a request for comment from Task & Purpose by publication time.)

Veterans of all services, the tutorial says, have “a strong case for a discharge upgrade” if they can show that their separation was linked to traumatic brain injury; sexual assault or harassment during military service; sexual orientation under the Don’t Ask, Don’t Tell policy; or mental health conditions, such as post-traumatic stress disorder.

Vets plug in their branch of service, year of discharge, reason for seeking an upgrade, type of discharge and whether it was the outcome of a court-martial. Once that info is submitted, the next page gives a rundown of what paperwork needs to be filed, how it should be submitted, and a friendly suggestion that while navigating the process, vets should reach out to their local veteran service organizations or seek legal representation.

Without that kind of explicit guidance, “most people simply don’t know what to do,” Goldsmith said. Each branch has its own website for discharge upgrades, but “they’re not that user-friendly, and they certainly aren’t very proactive about ensuring that a veteran’s rights are protected.”

After clicking through the prompts on his own questionnaire, Goldsmith was encouraged to see the message recommending that vets reach out to a VSO or legal counsel.

“That right there is huge, because it’s a terrible, frustrating process,” said Goldsmith, who was separated from the Army with a general discharge in May 2007 — Task & Purpose detailed his story in February 2015. “I have been dealing with this myself for over 10 years now. I am an expert on this policy and it’s still tough on me, and I’m still managing my own case.”

Between 2011 and 2015, nearly 92,000 service members were discharged for misconduct — more than two-thirds of whom “were diagnosed with PTSD, TBI or other conditions such as adjustment, anxiety, bipolar or substance abuse disorders within two years before leaving the service,” Military.com reported May 17.

A General Accountability Office report in May also concluded that individual services were inconsistent in acknowledging service-connected medical or mental health issues that may have played a role in the misconduct underlying a service member’s discharge, Task & Purpose previously reported.

“What needs to be remembered is: When these people are kicked out of the military, they’re in an inherently vulnerable state,” Goldsmith said.

"It's hard enough to go through the transition with an honorable discharge and all of your benefits. When you're accused of something like misconduct or suffering from PTSD that's not being treated and you're worried about staying off the street, you're not able to retain the information that you need to get a discharge upgrade."

For veterans interested in more information on applying for a discharge upgrade, the Department of Veteran Affairs guidance can be found [here](#).

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4. Focus Resources More Efficiently

4.1 - Newsmax: [Report: VA Hiring Workers at Hospitals With Revoked Licenses](#) (22 December, Todd Beamon, 10.8M uvm; Boca Raton, FL)

Hospitals operated by the Department of Veteran's Affairs have been defying federal law and hiring health care providers with revoked or suspended licenses for at least 15 years, USA Today reports.

"The dumping ground for all these folks is the VA," Colorado Republican Rep. Mike Coffman said in demanding this week that VA Secretary David Shulkin begin a national review to determine whether other employees with malpractice complaints or settlements are working at hospitals.

The VA does not require medical workers to have malpractice insurance — and the agency pays claims with taxpayer dollars.

According to the report, the VA issued national guidelines in 2002 allowing local hospitals to hire healthcare workers after "prior consideration of all relevant facts surrounding" any revocations and as long as they still had a license in one state.

But a federal law passed in 1999 barred the VA from employing workers whose license has been revoked by any state.

Still, USA Today found that neurosurgeon John Henry Schneider was hired in April by the VA in Iowa City, Iowa.

He disclosed in his application that he had numerous malpractice claims and settlements and that Wyoming had revoked his license after a patient death.

Schneider, however, still had a license in Montana.

But on Nov. 29, the VA sought to fire Schneider after inquiries by USA Today. He resigned instead.

The agency said that Iowa City VA hospital officials had received "incorrect guidance" in hiring Schneider, conceding to USA Today this week that the national policy had allowed them to bring him aboard.

Shulkin said he had ordered the rewriting of agency guidelines and had launched a nationwide review to identify and fire health care workers with revoked licenses.

"It's very clear to me that our job is to have the best quality doctors that we can provide to take care of veterans," he said. "That going to be our policy."

Shulkin added that providers with other sanctions against their licenses short of revocation — suspensions or reprimands, for instance — also will be reviewed.

Besides Coffman, other members of Congress have demanded that Shulkin take action after USA Today's report.

Iowa Republican Sen. Chuck Grassley, chairman of the Senate Judiciary Committee, said that it was "unacceptable that it was only as a result of USA Today's report that the VA determined that hiring this neurosurgeon [Schneider] was illegal."

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4.2 - Investor's Business Daily: [VA Negligence Is Killing Veterans](#) (22 December, Sally C. Pipes, 3.2M uvm; Los Angeles, CA)

A bombshell report just revealed that a Department of Veterans Affairs hospital knowingly hired a physician with a record of more than a dozen cases of malpractice, including the death of a patient. Other recent VA physician recruits include a known sexual predator and a dangerous felon.

A separate analysis from the Government Accountability Office determined that several VA medical facilities had ignored roughly half of all patient complaints.

These are merely the latest additions to a laundry list of shameful incidents at VA medical centers. The agency seems incapable of delivering high-quality care to the patients it serves — or even holding its employees accountable. Our nation's heroes are suffering the consequences.

VA medical facilities are infamous for administering low-quality care. The latest GAO report, which examined five VA medical centers from 2013 to 2017, proves as much. Administrators of the medical centers were supposed to monitor and review the performance of 112 doctors "after concerns were raised (by patients) about their clinical care."

But they shirked their responsibilities. GAO auditors concluded that administrators never reviewed 21 of the doctors. The medical centers were unable to provide documentation that reviews took place for 26 other physicians. One medical center did complete its required reviews — three and a half years late.

Administrators' negligence enabled incompetent doctors to continue treating — and likely harming — veterans.

When administrators do find hard evidence of malpractice, they often sweep it under the rug. An October USA Today expose of VA facilities revealed at least 126 cases in which employees

committed fireable offenses. Instead of immediately terminating these doctors and nurses, the VA asked them to resign — and gave them secret settlements on their way out the door.

In about 75% of the settlements, administrators omitted the incidents from employees' records and even recommended them to other employers.

Consider the case of Thomas Franchini, a podiatrist at a Maine VA hospital. Franchini botched 88 procedures. He severed a patient's tendon during one surgery and failed to successfully fuse one woman's ankle in another. The latter's leg had to be amputated as a result.

Franchini wasn't fired for any of these errors. Instead, the VA allowed him to resign and return to private practice.

The VA has even hired doctors who have lost their medical licenses — even though federal law prohibits them from doing so.

In December 2017, USA Today revealed that the VA Hospital in Iowa City had recruited surgeon John Schneider, despite knowing that Wyoming had revoked his license. This summer, Schneider conducted four brain surgeries in just four weeks on one veteran. The patient died just weeks later due to infection.

Another vet withstood three spinal surgeries from Schneider; a month after his third, his wound still hadn't healed.

This negligence is too often the norm in VA medical centers. Vietnam veteran Bill Nutter died at a VA hospital in Massachusetts earlier this year because his nurse's aide failed to check on him. She instead opted to play video games while on the clock, according to the Boston Globe.

Vets have to wait for care outside the hospital, too. The VA aims to keep wait times for appointments under 14 days. The department can't even clear this low bar.

As of September, new patients had to wait an average of over three weeks to see a primary care doctor. Worse, Veterans Affairs Secretary David Shulkin recently announced that delays in care will likely spike in 2018.

Many VA facilities try to hide these shortcomings. The agency itself has recently been forced to admit that employees at hospitals in California, Colorado, and several other states manipulated wait time lists for years to show that delays were shorter — or in some cases, nonexistent.

The VA is in shambles. Absent reform that allows vets to seek care in the private sector, our veterans will continue to be subjected to subpar care.

Pipes is President, CEO, and Thomas W. Smith Fellow in Health Care Policy at the Pacific Research Institute. Her latest book is The Way Out of Obamacare (Encounter 2016).

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4.3 - The Des Moines Register (Video): [VA needs increased financial and political support](#)
(22 December, Kenneth Johnson, 3.2M uvm; Des Moines, IA)

The Des Moines Register recently reported that the VA Hospital in Des Moines hired a physician who consistently provided dangerous care to vets. Other media reports suggest substandard care is provided at VA facilities around the country.

In 1994, responding to criticism of the VA system, President Clinton appointed Dr. Kenneth W. Kizer to head the VA. Kizer changed an entrenched top-down conglomerate, which was dirty and dangerous, into a decentralized, community clinic-focused, quality-driven system, which became a model for the rest of the country.

By 2000, in an amazing turnaround, the Veterans Health Administration had become a leader in clinical research and performance improvement. In 2002, the National Committee for Quality Assurance rated the VHA tops. Studies reported in 2003 showed that vets fared significantly better than commercial HMO and Medicare patients on a host of quality measures. The Washington Monthly trumpeted the VHA under the headline, "Best Care Anywhere."

My own family experience with the VHA system confirmed this. My father, a World War II vet, regularly used VHA services and received excellent care, evidenced by his good health through the age of 92. My brother, a Korean War-era vet, received excellent care at the VHA hospital in Kansas City, including brain surgery to remove a cancerous tumor. Not only did they receive quality care, but the facilities were also first class and the staff was caring, professional, communicative and extremely capable.

Unfortunately, the Bush administration allowed this model healthcare system to deteriorate by not providing the financial and political support the VHA needed to accommodate the substantial increase in vets needing care due to the Afghanistan and Iraq wars. Obama was stymied by Congress and Trump has done virtually nothing.

It's a shame and needs to be addressed now.

— Kenneth Johnson, Des Moines

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4.4 - WBRC (FOX-6): [Tuscaloosa VA nurses return from service in Puerto Rico hurricane aftermath](#) (22 December, Terri Brewer, 597k uvm; Birmingham, AL)

TUSCALOOSA, AL (WBRC) - Two nurses, inspired to do disaster relief work following the April 27, 2011 Tuscaloosa tornado, have just returned from two weeks serving in Puerto Rico. The island is still working to recover in the aftermath of Hurricane Maria.

Tuscaloosa VA Medical Center nurses Kimberley Sawyer and Kathy Ridings were deployed to Puerto Rico through the VA's Disaster Emergency Management Personnel System, known as DEMPS. DEMPS is the Veterans

Health Administration's main deployment program for clinical and non-clinical staff to an emergency or disaster.

Sawyer and Ridings cared for patients at a federal medical station. Some of the patients they cared for were people who needed medical equipment and attention in a home or nursing home,

but could not remain there because of the lack of electricity in many places on the island. The nurses were providing care not just to veterans, but to all people.

Both nurses said the work was extremely rewarding, and they were overwhelmed by the spirit of the Puerto Rican people.

"We found that the Puerto Rican people take wonderful care of their family members at home," Ridings said. "They worked alongside of us, they stayed there with their family members, and we became one big family."

"We certainly felt the love from them," Sawyer said. "I've never been told by so many people, 'I love you', that didn't know me. They were very loving, very appreciative of everything that you did for them and their family members."

The nurses said their service through DEMPS would not have been possible without the support of their co-workers, employer and family members. Ridings and Sawyer encourage anyone wanting to help the relief effort in Puerto Rico to consider directly supporting someone who is traveling there to serve.

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4.5 - Daily Local News: [TMACC donates more than 2,500 gifts to Coatesville VA veterans](#) (22 December, 190k uvm; West Chester, PA)

Caln - Transportation Management Association of Chester County officials delivered gifts Thursday to veterans as a way to give back to those who served.

The Transportation Management Association of Chester County (TMACC) officials were joined by elected officials, members and various community partners gathered to deliver over 2,500 gifts for the veterans at the Coatesville VA Medical Center in Caln Township and for those in the Supportive Services for Veterans and Families Program at the Veterans Multi-Service Center.

TMACC began this initiative four years ago as a way to give back to the veterans who ride their public transportation service, ChescoBus. The Coatesville VA is a major stop along the Coatesville Link route.

TMACC collects gifts from its members and community residents at Summerfield in Elverson. Since its inception, the local non-profit continues to exceed its goals with 200 gifts over its goal of 500 in 2014, to 500 gifts over its goal of 2,000 this year.

"We appreciate your support and are excited that we have reached another record-breaking year with gifts," said TMACC Executive Director Tim Phelps, to the crowd of volunteers unloading the buses at the VA Center. "Through your support and generosity, we are able to bring the holiday spirit to the men and women who proudly served our great nation."

The gifts collected are delivered to the patients at the VA Medical Center as well as to Veterans and their families who receive housing through the Veterans Multi-Service Center's Supportive Services for Veterans Families (SSVF) Program. Jesse Thompson, an outreach specialist at the VMC, said the gifts they receive from this single donation help families throughout the entire year.

Among the volunteers were County Commissioners Michelle Kichline and Terence Farrell, state Rep. Harry Lewis Jr., R-74, Rep. Becky Corbin, R-155, state Rep. Carolyn Comitta, D-156, state Rep. Eric Roe, R-158, state Rep. Warren Kampf R-157, and staff from the offices of state Sen. Andy Dinniman and both U.S. Sens. Pat Toomey and Robert Casey.

To learn more about the Veterans Gift Drive, visit www.tmac.org.

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4.6 - Cecil Whig: [Perry Point VA gift distribution continues a powerful tradition](#) (22 December, Kris Kielich, 148k uvm; Ekon, MD)

PERRYVILLE — The greatest gift many of us receive is one we often forget about: the sacrifice of our veterans in defending the country we call home, both in peacetime and in war.

So it's only fitting that one of the traditions at Perry Point VA Medical Center every Christmas is to give back to those who gave so much. Dozens of volunteers from around the county came out Wednesday in the annual gift distribution at the veterans hospital, passing out bags full of gifts to the veterans.

"We have a lot of volunteers and community groups out here today," said Brandi Sima, one of the voluntary services specialists at Perry Point. "We actually had to start limiting volunteers because there were so many. That's a good problem to have and really tells a lot about this community."

The gifts this year covered a wide array of items, from Snugglies to magnifying lights to canteen credits, but it was all about benefitting the veterans.

"It varies every year, since the nurse managers tell us what are highly requested items," Sima explained. "We try to find things that can fit the whole population here."

The volunteers and groups that came out to help really represented the many facets of Cecil County. From Bank of America's Military Support Group to APG Lighthouse Ministry to Hogs and Heroes motorcycle club, there were about nine different organizations present.

"It's very exciting," said Joyce Kuwae, another voluntary services specialist. "We have volunteers call us and ask when the distribution is happening each year, and the patients get excited to get gifts and talk with visitors and volunteers."

As the volunteers spread out and worked their way through the facility, that excitement was perfectly clear. When stopping in to visit 87-year-old Korean War veteran Bill Krauch, the volunteers were greeted with a warm smile and laughter, as well as some wonderful Bing Crosby selections and harmonica playing from Mr. Krauch. And over and over again, the reactions between veterans and volunteers was one of joy and thankfulness on both sides.

"I'm amazed, because I'm here in the hospital getting treated for an injury I had in the service, and it thrills me to find people coming in and giving me things," said Cornelius Johnson, a peacetime veteran who served overseas in both Germany and Japan in the mid 1950s. "I really appreciate it, and I'm surprised."

One of the most powerful things volunteers received were the stories of each veteran: how, when and where they served as well as what came after their service. Johnson, for example, coached football and track in Baltimore after leaving the service, hence his nickname known around the hospital: "Coach."

And the event certainly wasn't just a powerful one for the veterans. The volunteers expressed their gratitude and enjoyment wholeheartedly. At the end of the event, catching up with Hogs and Heroes members Dawn Hurt and Robin Warwick, the two women captured the spirit of the event in their reflections.

"We're from an organization that primarily supports veterans and first responders, and this is so gratifying," Warwick said. "We love doing it. To see them smile makes your heart swell."

"They gave the ultimate sacrifice for our country," Hurt said. "If we can give them happiness through some gifts and through talking to them, why wouldn't we?"

Across the board, from volunteers, staff and veterans alike, there were smiles in each and every room and hall. It was a show of what Cecil County is at its very core: a community full of people willing to help each other and spread cheer to those that need it during a season recognized for compassion. It was once again a powerful display of giving back to those who gave us the greatest gift.

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4.7 - Altoona Mirror: [Van Zandt email raises concerns](#) (23 December, William Kibler, 73k uvm; Altoona, PA)

A recent email from the new director of the Van Zandt VA Medical Center stating that employees who have been served with a subpoena or search warrant or contacted by investigative agencies must let hospital authorities handle their cases has proven to be controversial.

The "guidance" provided by Sigrid Andrew threatens employees' First Amendment rights and their protections as potential whistleblowers, said Jay DeNofrio, a whistleblower whose cases against hospital management include one awaiting a decision before the Merit System Protection Board.

Andrew's email, dated Nov. 1, stated :

"– Employees served with a subpoena ... are to provide the original subpoena to the Privacy Office for further action. ... Employees are not to respond to a subpoena to appear for testimony and/or to provide any agency document to include but not limited to copies of the Veteran's protected health information.

"– Search Warrants will be coordinated or executed by VA Police.

"– Inquiries, both verbal and written, related to internal investigations and external investigations, are to be directed to the Director's office for a response."

The email didn't sit well with Andy Scherzinger, president of the hospital's union for nonmanagement employees.

"This is not what our Master Agreement says, nor was this bargained or negotiated," stated a message supplied by Scherzinger. "A subpoena is a subpoena, and this facility is not above the f—g law."

Those unsettled by the email misinterpreted it, said hospital spokeswoman Andrea Young.

A clarifying email sent by Andrew in mid-November did nothing to satisfy DeNofrio, however.

Another clarifying email sent by Andrew on Thursday did better.

In it, Andrew said, "Employees are in no way limited regarding their communications to Congress, reporting to an Inspector General of a violation of any law, rule or regulation; mismanagement; gross waste of funds, abuse of authority or substantial and specific danger to public health or safety; or in any other whistleblower protection, including making disclosures to VA's Office of Accountability and Whistleblower Protection or the U.S. Office of Special Counsel."

"It's good they put that out," DeNofrio said. "I think it will help."

But the "clarification" belies Andrew's original intention, according to DeNofrio.

"I think they just got backed into a corner and had to say something," he stated.

The original email was in response to advice from the Commission on Accreditation of Rehabilitation Facilities (CARF), after a recent survey by the commission, according to Andrew. "It was not intended to prevent employees from exercising their rights as private citizens," Young said Thursday.

In her initial instructions, Andrew was merely restating a policy that is in force throughout the VA system, Young said.

It's intended to protect employees from releasing information that would violate patient privacy, she said.

The controversy over the email has reached the U.S. House Committee on Veterans Affairs, with which DeNofrio was in prior contact.

Asked Thursday for comment, committee spokeswoman Tiffany Haverly sent a statement by Chairman Phil Roe, R-Tenn.

"In order to bring wholesale reform to the Department of Veterans Affairs, we must ensure that VA employees are not restricted from engaging in their legal right to freely communicate with Congress should they choose to do so," Roe stated. "As chairman, conducting effective oversight of VA is one of my highest priorities, which is why my staff requested that the Altoona VA's leadership clarify to its staff that the facility's email was in no way intended to inhibit employees' rights to speak to Congress or other relevant entities."

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4.8 - Press Publications (The Forest Lake Area Lowdown): [YMCA holds veterans Town Hall in partnership with VA](#) (22 December, Jackie Bussjaeger, 48k uvm; White Bear Lake, MN)

FOREST LAKE — Veterans from the Twin Cities and beyond gathered Dec. 7 at the Forest Lake YMCA to give feedback to the Department of Veterans Administration (VA) on its performance.

The VA has held quarterly Town Halls around the metro since 2013 in order to gather feedback and improve its services to veterans of the armed forces.

The event was open to veterans, their spouses, VA stakeholders and the general public. Attendees were able to share their feedback with key members of the VA, and also manage their claims on site.

The panel included Jessica Gillette, St. Paul Veterans senior center manager; Donna Meyer-Hickel, VA assistant director, St. Paul VA Regional Office; Kim Graves, director, St. Paul Regional Office; John Knapp, Fort Snelling National Cemetery; Patrick Kelly, director, Minneapolis VA Health Care System; Kent Crossley, MD, chief of staff; Helen Pearlman, nurse executive; Martina Malek, chief experience officer; and Kurt Thielen, associate director.

The event drew veterans from Forest Lake and beyond. Many shared heavy criticisms of the bureaucratic process they'd experienced at the VA, saying they'd had medical records lost in the process of seeking VA care. Others praised certain doctors and employees, saying their experience had been ideal.

VA representatives thanked the speakers, and recognized the areas where improvement was necessary.

"It's not easy for us to hear that it didn't go well for you," said VA Director Patrick Kelly. "I am proud of our health care system. We have good doctors; we have a great staff. This is not an excuse, but we see 930,000 outpatient appointments every year, we have 103,000 veterans enrolled to get care with us, and we do some pretty complicated things for some pretty sick patients. Some of the customer service things, it's not good enough, I get it. And we will work on those things. We want to address when things aren't right."

Among the speakers at the event was YMCA employee Amanda Hooper, a retired Army sergeant. Hooper applied for a grant to start up a new veterans outreach program at the Forest Lake Y, which she hopes will expand to other branches in the near future.

Hooper was concerned that there was not much awareness of the MOU, or Means of Understanding, partnership between the YMCA and the VA.

"Absolutely nobody knows about it," Hooper said. "Nobody at the VA knows what it is, nobody at the Y knows what it is. There's no place where people can find where those things are happening, there's no publication about how they're happening, there's no promotion of where they're happening ... It's not being used and I feel like there's so many 501(c)19s out there to help veterans and we're not being the glue, and we could really be the glue if we worked together."

VA Director Patrick Kelly responded to her concern, agreeing that there was a lack of understanding about the MOU.

“The YMCA, as a strategic partner, agreed to open up the YMCAs for events like this (Town Hall),” he explained. “This is a great example. It’s really the first time we’ve used the YMCA for this purpose.”

As part of the MOU agreement, the YMCA agreed to waive registration fees for any veterans to join the Y, but both Hooper and Kelly agreed that the partnership was not being used to its full extent.

“We haven’t really done much in terms of getting (a foot in the door) in the last year since we signed the agreement, and not a lot of veterans are taking advantage of this. They should, it’s a good deal, and not many veterans know about it,” said Kelly.

“The MOU is so big, there’s so many other things we could be doing,” Hooper said.

The veterans program at the YMCA, spearheaded by Hooper, has begun offering a calendar of monthly veterans events and information. The program is called Veteran/Military Rendezvous, and its goal is to provide a community group for local veterans that will meet once a month at the Forest Lake YMCA. Each month it will focus on a different topic about recovery and living a healthy lifestyle.

The YMCA is located at 19845 Forest Rd N, Forest Lake. For more information about the Veteran/Military Rendezvous program, contact Amanda Hooper at 651-747-0809 or amanda.hooper@ymcamn.org.

For questions related to the VA and the town hall, contact Ralph Heussner, Public Affairs Officer, Minneapolis VA Health Care System, at 612-467-3012 or ralph.heussner@va.gov.

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5. Improve Timeliness of Service

5.1 - Washington Free Beacon: [Marine Veteran Denied VA Care After Waiting Over a Year for Treatment](#) (22 December, Natalie Johnson, 1.2M uvm; Washington, DC)

Retired U.S. Marine Corps Cpl. Rick Disney had served in the military about a year when he fell from a repel tower and broke his heel in Norfolk, Va., during a 1999 training exercise.

In the years that followed, Disney was deployed overseas to carryout anti-terrorism operations, where he endured the wear-and-tear of an active duty service member, suffering neck, back, and leg pain that has persisted for more than a decade after he transitioned to the inactive reserves in 2002.

He first visited the Veterans Affairs hospital in Tampa, Fla., to receive care in 2013. He recalls a chaotic process, running around the facility’s campus for six hours in an attempt to file a claim for treatment.

Disney then waited nine months to receive his first appointment. He spent another six months undergoing medical tests, but never received treatment. A year later, Disney received a letter rejecting his claim for benefits, asserting his injuries weren't sustained on active duty.

"When I got the denial claim in the mail I was disappointed, but I didn't expect much," Disney told the Washington Free Beacon. "The staff's treatment throughout the whole ordeal set it up where I wasn't surprised when I was turned away. It was just a long, drawn-out process, and for the veterans who are in immediate need for care, that's a life or death issue."

Lawmakers over the past year have floated several bills to give veterans the option to seek private-sector medical care if the VA is unable to provide a patient with an adequate healthcare team in a timely manner.

Though varying in detail, all three pieces of legislation would overhaul the private-sector Veterans Choice Program created by Congress in response to a 2014 scandal regarding over manipulated wait times at federal facilities that led to the deaths of dozens of veterans. The program was intended to temporarily provide veterans with greater flexibility to visit care providers outside of the VA's network of healthcare facilities.

With government funding set to run out Friday and a lack of consensus on those bills, VA secretary David Shulkin has urged lawmakers to pass a temporary stopgap measure "to ensure our veterans receive uninterrupted care."

Disney, who now works as a senior field director at the conservative Concerned Veterans for America, has advocated for a Senate measure that would increase access to private care "rather than relying on the VA bureaucracy to determine eligibility criteria." CVA has endorsed the bill, cosponsored by Republican Sens. John McCain (Ariz.) and John Moran (Kans.).

"I know veterans who are no longer here who needed immediate action, they needed immediate response, they needed help sooner, and then they self medicated and now they're dead," he said. "If they had the opportunity to go to any doctor and use their VA benefits elsewhere, there's a possibility that something different would have happened if they didn't have to wait for care."

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6. Suicide Prevention

6.1 - WBFO (NPR-88.7): [Depression among veterans can escalate during holiday season](#)
(22 December, Michael Mroziak, 37k online visitors/mo; Buffalo, NY)

For many, the holiday season brings depression and, in more severe cases, thoughts of suicide. This includes many veterans who, upon returning home from overseas tours, may be struggling to process their experiences as they a time of year that's expected to be festive. A professional who works in mental health with the Department Veterans Affairs in Buffalo offers pointers for recognizing when a veteran may be in need of help.

There are many similarities among veterans and non-veterans in the symptoms of depression but veterans suffering from Post-Traumatic Stress Disorder may show some of their own warning signs.

"There's sometimes during the holiday season more pressure to be social and to be out in large groups of people," said Joan Chipps, manager of the Behavioral Health Outpatient Clinic at the VA Western New York Healthcare System. "Sometimes people who have issued with PTSD are very uncomfortable in large gatherings."

Often times, it may be well-intentioned remarks by family or friends that instead drive away the veteran. Chipp says when a veteran has returned from active duty, one thing you should not ask him or her is "so, how was it over there?"

"A lot of the way we communicate with our veterans in the community can go a long way with helping them feel calmer and more accepted and more able to be in different situations," she said. "Talking about their home life and being back, and how good it feels to see them, can be better ways to start a conversation than getting directly into 'hey, what happened to you over there?'"

The warning signs that a depressed veteran may be pondering suicide are similar to those displayed by non-veterans but the triggers that contribute to the problem may differ. An increase in alcohol or drug use is one of the warning signs. So, too are outbursts of emotion.

"It can bring out a lot of reactions that have people scratching their heads, that can push people away because they don't know how to respond to it," Chipps told WBFO. "A lot of times the veteran is not comfortable talking about their experiences or they don't know how to talk about their experiences."

Veterans in need of assistance, or their loved ones, may contact the Veterans Crisis Hotline at 1-800-273-8255. Locally, veterans or loved ones may also call Crisis Services at 834-3131.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Patch.com (Roswell): Roswell Awarded Grant To Provide Sports Program For Disabled Vets (22 December, Kristal Dixon, 36.9M uvm; New York, NY)

ROSWELL, GA — The city of Roswell will soon be able to provide disabled veterans with opportunities to improve their health and quality of life thanks to a grant from the U.S. Department of Veterans Affairs.

Roswell's Recreation, Parks, Historic, and Cultural Affairs Department has been awarded a \$21,080 VA Adaptive Sport Grant to create a Veteran's Adaptive Softball League and Veteran's Adaptive Cycling League, both of which will begin in spring 2018.

"We are honored to be able to provide adaptive sport opportunities to veterans in our community, and we're grateful to the VA for providing this important funding to help us bring these programs to fruition," said Jeff Pruitt, interim director of the Roswell Recreation, Parks,

Historic, and Cultural Affairs Department. "Over the past several years, the city of Roswell has built a robust and inclusive adaptive recreation program so that everyone in our community — regardless of physical ability — is empowered to let go of any perceived limitations, enjoy activity, forge lasting friendships, and know that they are a valued part of our community. We are thrilled to be able to now expand these programs to veterans with disabilities."

The softball league will be an eight-week program, accommodating 48 players (four teams of 12 players). Weekly practices and games will take place at the Roswell Rotary Dream Field, which was specially designed for adaptive recreation. The end of the season will culminate in a tournament. The VA Adaptive Sport Grant funds will be used to pay for equipment, such as bats, balls, gloves, and helmets, as well as two multi-sport wheelchairs and staff salaries. Veterans with any physical impairment are encouraged to participate.

The Veteran's Adaptive Cycling League will be offered in partnership with Bike Roswell, Catalyst Sports, and Roswell Bicycles and welcomes veterans with physical impairments to experience cycling on the City of Roswell's extensive trail system twice a week for eight weeks. Grant funds will be used to purchase four adaptive handbikes, as well as specialized hand grips and helmets.

To learn more about the City of Roswell's adaptive programs for veterans, contact Will Crook or Jessica Leonard, adaptive recreation specialists, at wcrook@roswellgov.com or jleonard@roswellgov.com.

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7.2 - Philadelphia Inquirer: [This 79-year-old veteran lived in the N.J. woods for a decade. Now, he's come home](#) (22 December, Erin Arvedlund, 11.8M uvm; Philadelphia, PA)

Just in time for the holidays, Stanislaw "Stan" Radkowski, 79, finally came in from the cold.

The retired Air Force and Army veteran had been living on the edge of the Pine Barrens, camping in the New Jersey woods when his pension and Social Security benefits couldn't cover a motel.

For Radkowski, camping behind McGuire Air Force Base "made a lot of sense. It was what I could afford. I started camping out about 10 years ago in a sleeping bag, with a poncho, in case it rained."

But that's just the beginning of his story. Radkowski — a Holocaust survivor, naturalized American citizen, Vietnam veteran, and Air Force and U.S. civil-service retiree — had been chronically homeless since the early 2000s. After a year of talking with him and gaining his trust, the Veterans Multi-Service Center in Center City was able to house him through a cooperative effort with the Veterans Administration.

In November, Radkowski signed an apartment lease in the Wrightstown, N.J., area. The Veterans Multi-Service Center also worked to help him reconnect with his children, whom he had not seen in more than 30 years.

Radkowski was born in 1938 or 1939 in Poland, and was just a few years old when Hitler's Lebensborn program swept him into the chaos of war. Under Lebensborn, the Nazis kidnapped children considered "racially pure" in countries they occupied.

Some were already orphans; others were literally stolen from their parents' arms by the Nazis. Thousands were transferred to Lebensborn centers to be "Germanized," up to 100,000 from Poland alone. Radkowski was given a German name, Fritz Radke, and placed with an Austrian adoptive family.

By 1945, when the Allies tried to relocate kidnapped Lebensborn children, Radkowski couldn't even remember his birth parents. He and thousands of others drifted around refugee camps in Italy and Spain, until he was old enough at 18 to immigrate to America in 1957.

"I was one of the lucky ones," he said.

He was drafted into the U.S. Army, serving for three years, then served in the Air Force for 16 years, stationed at Clark Air Base in the Philippines and then in Thailand during the Vietnam War. He met and married a Filipina and had two children. "She wasn't interested in moving back with me to the U.S.," he recalled, and they separated.

By the time Radkowski retired from the civil service in the 1980s, he was living in and out of motels in New Jersey, uninterested in veterans' housing benefits.

In 2016, the Center City-based Veterans Multi-Service Center provided funds to 992 veterans or veteran households to either prevent homelessness or put veterans back in homes. VMC outreach workers Javier Galindo and Douglas Woods heard about Radkowski through the grapevine.

"He didn't want any help. He's highly independent, so it took us about a year to get him to even tell us his name and show us his military ID," said Galindo.

Still, it took some convincing. Radkowski's health was failing, and he ultimately agreed to allow the VMC to assist him.

"Doug and Javier found me a place," Radkowski said recently, smiling at the two men, also veterans. The VA and VMC connected him with doctors for routine health care and several surgical procedures. And finally, in November, the VMC helped him move into permanent housing in Burlington County. He's the leaseholder for his own two-bedroom unit and will be spending his first holidays inside in more than a decade.

The VMC also located his adult children, Stan Jr. and Paz.

"My children didn't know I was living in the woods," Radkowski said. They had no idea of their father's history, or if he was even alive. They live in California and traveled here for a weeklong stay earlier this year.

The VMC has provided transitional housing to 362 veterans at the Coatesville VA Medical Center. And a drop-in service center, the Perimeter at Fourth and Race Streets, served about 3,600 vets last year, many of whom were repeat visitors.

At the Perimeter, “we give veterans a change to clean their clothes, shower, eat lunch, get connected to services, and stay warm,” said Charlie Forshee, VMC’s deputy executive director.

Radkowski visits the military base often, probably most days now. He’s able to do his grocery shopping there, but there’s also a library on base where he spends a lot of time.

“Yes, I’ve had a fascinating life,” he said. “But really, I’ve had too much change in my life.”

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7.3 - The Ring of Fire Network (Video): [Trump Administration Cuts Aide For Homeless Veterans](#) (22 December, Farron Cousins, 1.2M uvm; Pensacola, FL)

In a particularly cruel move, the Trump administration has decided to end a program that provided housing aide to homeless military veterans. This move came less than 2 days after the Trump administration doubled down on their commitment to US veterans, but apparently that was nothing more than empty words, as Ring of Fire’s Farron Cousins explains.

Transcription:

In a truly heartless move by the Trump Administration, they have announced that they’re going to be ending a program funded by the Federal Government that is supposed to house homeless United States veterans. Now, the program costs about \$460 million every year, and the reason they’re trying to end it is because, again, they’re trying to reduce the deficit that they created with their massive tax breaks. One of the ways they’re going to do that is to stop trying to find homes for homeless veterans in this country. Ever since the Bush Administration, and we did plenty of stories on this back in the day, Republicans have always claimed to be the party that supports the troops. However, during the Bush Administration, they sent them to war with subpar equipment that resulted in far more deaths than should’ve taken place, and then they did absolutely nothing to protect those veterans when they came back to the United States.

Here, today, Donald Trump is continuing this tradition. They love to go out there and campaign with the military and say, “We want a strong military. We want to protect. We support our troops,” but the fact is, they don’t. Once you get back from war, and, hell, even before you get sent off to war, they don’t give a damn about the military. Those soldiers, who are going out every day and fighting on behalf of the United States ... The Republicans view you as no more than cannon fodder, and, once you get back, once you’re no longer over there fighting for us, they don’t care. They don’t care if you’re homeless. They don’t care if you come back addicted to drugs. They don’t care if you come back with PTSD, because they’re not going to provide you services to help make it better. They don’t do anything.

They’re not funding the VA properly, and now they’re saying, “You know what? We have a lot of homeless vets in this country, but to hell with them. We’ve got to give rich people a tax break.” That is what’s happening in the country today. The Republican Party does not care about the United States Military. Yeah, sure, they love to allocate a lot of money for the Military’s budget, but keep in mind that that money actually goes to the private contractors, the people who make the tanks and the planes and the jets that we use to go over there and bomb the hell out of other countries. That money’s not going to the troops. That money is not going to make their lives better when they’re at war or when they get home from war. That money is going to private contractors, because those people continue to fund Republican campaigns.

The money that's going into their pockets isn't coming from privates or soldiers. It's coming from defense contractors. The next time you hear a Republican say that we support the troops, I want you to remember this story about how they've decided to stop funding a program that helps homeless veterans find a home. Keep in mind that "support the troops" really just means support the defense contractors, who fund our campaigns.

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7.4 - WRCB (NBC-3, Video): [Chattanooga Vets Center goes the extra mile for veterans](#) (23 December, Kasey Freeman, 444k uvm; Chattanooga, TN)

The Chattanooga Vets Center is taking some time to give back this holiday season. On a daily basis they help connect veterans with the services they need.

On Friday, they put some presents inside the pantries of veterans in need.

As many families are already gathering to spend the holidays together, others are wondering where their next meal will come from.

Those families include veterans who have served our country.

Through the veteran's affairs center, the people who are giving the help can relate to the people receiving it.

The program, Veterans Helping Veterans, allows veterans to give food boxes to other veterans in need of a little help this time of year.

"It's icebreaker we tear down the walls right now so they can say hey this is what I need," said Kevin Baker, Outreach Technician.

Kevin Baker has been working for the Chattanooga Vets Center for four years and he says on a weekly basis he connects between 8,000 - 10,000 veterans with different services.

"Christmas is a really good time for the veterans because they seem to be struggling with finances food and taking care of children and family members," said Kevin Baker, Outreach Technician.

The Chattanooga Vets Center canned food drive raised \$20,000 worth of groceries that will give each family two boxes of food.

Baker says the vets helping vets program provided 42 veterans and families this year with enough food for the holidays.

"We have nonperishables plus the option of ham or turkey enough to feed them for the two weeks most kids are out from the 19th to the third," said Kevin Baker, Outreach Technician.

About 95,000 veterans live below the poverty level nationwide, and most of those families with school aged children depend on the school system to provide their children with meals.

“We want to take that dilemma off so now they can go home for the two weeks and have three full course meals for the day,” said Kevin Baker, Outreach Technician.

According to the U.S. Department of Veteran Affairs, 9.7 million veterans use at least one VA benefit.

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7.5 - The Southern Illinoisan: [Marion charity places more than 1,700 wreaths on veterans' graves](#) (22 December, Marilyn Halstead, 167k uvm; Carbondale, IL)

Jim Koonce has a goal: To place wreaths on the graves of all veterans buried in Mound City National Cemetery. Koonce and Honor Wreaths for Veterans, a Marion-based charity he founded, are getting closer.

Each year, Honor Wreaths for Veterans works with local groups and organizations to raise funds to purchase wreaths from Wreaths Across America. Wreaths Across America is a national organization that honors and remembers the life of veterans by placing wreaths on their graves and saying their names.

“The project was fantastic. We have come a long ways from what we had before,” Koonce said.

When the group started, Mound City National Cemetery received around 200 wreaths. Their first year, Honor Wreaths for Veterans added 250 wreaths, for a total of 450 wreaths. Last year, the cemetery ended up with 1,100 wreaths.

This year, Honor Wreaths for Veterans raised money for 1,745 wreaths. A total of 2,699 graves were decorated at Mound City National Cemetery.

The group also worked with a Rotary Club to raise money to place wreaths on veterans' graves in a cemetery in O'Fallon.

“They had 388 wreaths they put on, which was all the veterans at the cemetery,” Koonce said.

The group also saw an increase in volunteer response, with more than 130 people volunteering through Honor Wreaths for Veterans.

In addition to Mound City, a few wreaths also went to Jefferson Barracks National Cemetery in St. Louis, Camp Butler in Springfield, Danville and Abraham Lincoln in Elmwood.

“That’s a lot of wreaths, and we still have a long way to go. To get Mounds covered, we have to have 9,000 wreaths,” Koonce said.

He added that they get great support from Women’s Life Insurance Society, which offered a matching program in the fall. They matched every donation for a six-week period.

“The Elks Lodges in area came in at the end to sponsor wreaths and help place them. Rotary Club of Carterville was tremendous,” Koonce said.

Fundraising began in July. In addition to a four-way stop collection in Colp and a fish fry, McAllisters, Buffalo Wild Wings and Don Sol in Carbondale helped raise funds.

"If everything goes right, I would like to add a few more cemeteries, like Carbondale, Carterville, Herrin and Marion," Koonce said. "We do have veterans at all those cemeteries. They deserve the same honor as the veterans buried in the national cemeteries."

Wreaths Across America places more than 1.5 million wreaths at more than 1,400 cemeteries nationwide. Wreaths are delivered by volunteers with trucking companies.

"We were unloading boxes, and it seemed to go on and on. If we get to our goal, we will have more than one truck come in," Koonce said.

In hopes of honoring more veterans, Koonce said the group will start fundraising immediately.

"I appreciate all the help our donors have given to us and I hope they are supportive next year. We would like to get more businesses involved," Koonce added.

Donations can be sent to: Honor Wreaths for Veterans, 1212 N. Garfield St., Marion, IL 62959 or made online at www.honorwreathsforveterans.org.

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7.6 - KUSI (TV-9, Video): [Second of three large tent shelters for homeless opens in Midway District](#) (22 December, Dan Plante, 160k uvm; San Diego, CA)

The second of three large tent shelters for San Diego's homeless opened in the Midway District Friday morning.

The "temporary bridge shelter" is designed to house up to 200 veterans a day. It is operated by Veterans Village of San Diego and will provide easy access to veteran-specific programs for those staying in the shelter.

"Some of these heroes who find themselves in desperate situations, now have another place they can turn," Mayor Kevin L. Faulconer said. "Under this roof, hundreds of men and women will find relief from the elements and the dignity they deserve while trained housing navigators work to connect them with a permanent home."

Services specific to this shelter include access to veterans housing programs from several federal agencies, including the Department of Veterans Affairs.

Like the other two shelters, this one on Sports Arena Boulevard includes offers meals, storage, showers, bathrooms, laundry services, alcohol and substance abuse counseling and mental health services, according to the mayor's office.

Each resident will be assigned a case manager and housing navigator who will develop a plan to get them permanently housed.

Veterans Village of San Diego ran a similar tent shelter during the cold weather months until a couple of years ago.

The winter shelter program was ended in favor of more permanent solutions, but the area's homeless population grew rapidly.

City officials were pressured to act by an outbreak of hepatitis A that killed 20 people and sickened hundreds — about two-thirds of whom were either homeless, users of illegal drugs or both. The rate of new infections has slowed in recent weeks.

The first tent shelter, for single adults, opened Dec. 1 at 16th Street and Newton Avenue in Barrio Logan and is run by the nonprofit Alpha Project.

The other will be located in the East Village and be operated by Father Joe's Villages. Designed for families, city officials hope to have it open by the end of the month.

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7.7 - South Dakota Public Broadcasting: [U.S. Senate Passes Black Hills National Cemetery Expansion Bill](#) (22 December, Jeremy Ludemann, 44k uvm; Vermillion, SD)

The U.S. Senate has passed a bill that permanently transfers 200 acres of federal land to expand the Black Hills National Cemetery near Sturgis.

The Senate unanimously approved the Black Hills National Cemetery Boundary Expansion Act by a voice vote.

U.S. Senators John Thune and Mike Rounds were two of the bill's prime sponsors. They were joined by Wyoming Senator Mike Enzi.

Congresswoman Kristi Noem sponsored a similar measure in the House that also passed unanimously.

Rounds says he looks forward to reconciling differences between the two versions of the bill in order to get the measure to President Donald Trump's desk.

Thune says the legislation allows the Black Hills National Cemetery to be a place for military families to remember and honor loved ones who have served.

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8. [Other](#)

8.1 - WRGT (FOX-45, Video): [Dozens of headstones at Dayton VA cemetery damaged](#) (22 December, Christina Schaefer and Rhonda Moore, 52k uvm; Miamisburg, OH)

DAYTON, Ohio (WKEF/WRGT) - More than 30 headstones of veterans have been damaged after a vehicle crashed into a fence surrounding the Dayton VA cemetery.

It happened in the area of Gettysburg Avenue and McCall Street.

Workers are now out at the scene putting up a temporary fence and cleaning up the damaged headstones.

"This is sacred grounds and it kind of hurt me personally, it's kind of heartbreaking," said National Cemetery Foreman Mark Wilson.

FOX 45 spoke with the director of the VA cemetery Douglas Ledbetter, who said the headstones have to be replaced within 60 days, he'll be putting in an order right away. In the meantime, Ledbetter said temporary markings will be placed so family can come and visit their loved ones' graves during the holidays.

"We've had other issues with folks hitting the fence in the past, various parts of the cemetery but nothing like this," Ledbetter said.

"We all work together and we take it personally like it's our loved one's grave site," Wilson said.

We are working to learn more from Dayton Police about the crash, in front of the fence, along Gettysburg Avenue, you can see what appears to be oil spilled from the crash. Absorbant material has been put on top of the oil to clean it up.

The veterans' graves had just been decorated with wreaths as part of the Wreaths Across America.

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8.2 - KPIC (CBS-4): [Miss Oregon USA visits veterans at VA Roseburg Health Care System](#) (22 December, 52k uvm; Roseburg, OR)

ROSEBURG, Ore. -- The Roseburg VA Health Care System had a surprise visit from Toneata Morgan, the current Miss Oregon USA, officials said.

On November 24, Morgan took time out of her busy schedule to stop into the Roseburg VA main campus and visit with veterans in the outpatient clinics.

During her visit, she visited their inpatient veterans who were very happy to receive a surprise guest, the VA said in a news release.

On December 18, Morgan visited the North Bend clinic to say hello to veterans and give a simple thank you for their service.

She plans on visiting both the Eugene and Brookings clinics in the future.

"The visits with our veterans was intended to be more personal and a surprise," the VA said. "Ms. Morgan has two platforms that she is running this year as she holds the title of Miss Oregon and will be running for Miss USA this coming summer. Oregon is well known for having a veteran-centric community but she wants to expand this even more for veteran awareness. She has a special connection to veterans as he father was a recipient of the Purple Heart Award. The other platform she is choosing to tackle is that of bullying and the increasing issues with our youth."

During her visits to the two sites, she asked not just how they were doing and thanking them for their service, but asked how they were being treated.

"With smiles, the veterans she spoke to all said they received great care from the VA and even mentioned some staff by name saying how wonderful they were," the VA said. "Ms. Morgan also left many of our veterans with a personalized and autographed photo for them to remember the visit. We are looking forward to her upcoming visits and welcome her with open arms."

For more images, visit the VA Roseburg Health Care Facebook page.

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Veterans Affairs Media Summary and News Clips

23 December 2017

1. [Top Stories](#)

1.1 - CBS News (Video): [VA used illegal policy to hire medical workers with revoked licenses for years: Report](#) (22 December, Kathryn Watson, 26.1M uvm; New York, NY)

The Department of Veterans Affairs for years relied on old and illegal policy allowing VA hospitals to hire medical workers even if their licenses had been revoked, according to a USA Today investigation. In 2002 the VA issued national guidelines giving hospitals the discretion to hire clinicians with revoked licenses after considering the facts of [the] situation and as long as the individual still had a license in at least once state.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Police: Driver Damages Headstones at VA Cemetery in Crash](#) (22 December, 24M uvm; Washington, DC)

Police say a driver crashed through a fence, damaging more than 30 headstones at a Department of Veterans Affairs cemetery in southwestern Ohio and then fled the scene. Dayton police say the crash at the Dayton VA cemetery was reported about 7:30 Friday morning. Authorities say two sections of fencing and a tree also were damaged in the crash.

[Hyperlink to Above](#)

1.3 - Stars and Stripes: [Congress approves emergency funding for VA Choice, prevents delays of veterans' care](#) (22 December, Nikki Wentling, 1.5M uvm; Washington, DC)

A stopgap funding bill that President Donald Trump signed Friday to avoid a government shutdown included \$2.1 billion for a nearly bankrupt Department of Veterans Affairs program that allows veterans to seek medical care in the private sector. The measure was included at the insistence of VA Secretary David Shulkin, who wrote to Congress on Dec. 12 warning money for the Veterans Choice program was running low.

[Hyperlink to Above](#)

1.4 - WFED (AM-1500, Audio): [Rep. Phil Roe: House committee leads charge on VA reform](#) (22 December, 831k uvm; Washington, DC)

The biggest civilian federal agency has undergone two years of continuous debate and reform. The Veterans Affairs Department is trying to modernize its support systems, rationalize its real estate, improve its workforce and give its constituents more choice of where they get medical care. Much of this work has involved the House Veterans Affairs Committee. Chairman Phil Roe (R-Tenn.) joins Federal Drive with Tom Temin with his take on the VA.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Mlive.com (The Grand Rapids Press): [Veterans Affairs expands with two new health clinics in Ann Arbor](#) (22 December, Kullen Logsdon, 10.9M uvm; Ann Arbor, MI)

Veterans across Washtenaw County are gaining more access to health care and different kinds of treatment, according to officials from Veterans Affairs. The VA Ann Arbor Healthcare System is rapidly expanding, according to public affairs officer Brian Hayes, and has moved clinics to separate buildings across the city of Ann Arbor.

[Hyperlink to Above](#)

3.2 - Task & Purpose: [Trying To Upgrade Your Discharge? The VA Has An App For That Now](#) (22 December, James Clark, 102k uvm; New York, NY)

Without any fanfare or announcement, the Department of Veterans Affairs has launched a new online wizard to help veterans seeking to upgrade their military discharges. Available on the VA's Vets.gov benefits website, the interactive questionnaire walks former service members through the upgrade process' many steps, tailored to their particular situation.

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4. [Focus Resources More Efficiently](#)

4.1 - Newsmax: [Report: VA Hiring Workers at Hospitals With Revoked Licenses](#) (22 December, Todd Beamon, 10.8M uvm; Boca Raton, FL)

Hospitals operated by the Department of Veteran's Affairs have been defying federal law and hiring health care providers with revoked or suspended licenses for at least 15 years, USA Today reports.

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4.2 - Investor's Business Daily: [VA Negligence Is Killing Veterans](#) (22 December, Sally C. Pipes, 3.2M uvm; Los Angeles, CA)

A bombshell report just revealed that a Department of Veterans Affairs hospital knowingly hired a physician with a record of more than a dozen cases of malpractice, including the death of a patient. Other recent VA physician recruits include a known sexual predator and a dangerous felon. A separate analysis from the Government Accountability Office determined that several VA medical facilities had ignored roughly half of all patient complaints.

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4.3 - The Des Moines Register (Video): [VA needs increased financial and political support](#) (22 December, Kenneth Johnson, 3.2M uvm; Des Moines, IA)

The Des Moines Register recently reported that the VA Hospital in Des Moines hired a physician who consistently provided dangerous care to vets. Other media reports suggest substandard care is provided at VA facilities around the country.

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4.4 - WBRC (FOX-6): [Tuscaloosa VA nurses return from service in Puerto Rico hurricane aftermath](#) (22 December, Terri Brewer, 597k uvm; Birmingham, AL)

Two nurses, inspired to do disaster relief work following the April 27, 2011 Tuscaloosa tornado, have just returned from two weeks serving in Puerto Rico. The island is still working to recover in the aftermath of Hurricane Maria. Tuscaloosa VA Medical Center nurses Kimberley Sawyer

and Kathy Ridings were deployed to Puerto Rico through the VA's Disaster Emergency Management Personnel System, known as DEMPS. DEMPS is the Veterans

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4.5 - Daily Local News: [TMACC donates more than 2,500 gifts to Coatesville VA veterans](#)

(22 December, 190k uvm; West Chester, PA)

Transportation Management Association of Chester County officials delivered gifts Thursday to veterans as a way to give back to those who served. The Transportation Management Association of Chester County (TMACC) officials were joined by elected officials, members and various community partners gathered to deliver over 2,500 gifts for the veterans at the Coatesville VA Medical Center in Caln Township and for those in the Supportive Services for Veterans and Families Program at the Veterans Multi-Service Center.

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4.6 - Cecil Whig: [Perry Point VA gift distribution continues a powerful tradition](#) (22

December, Kris Kielich, 148k uvm; Ekom, MD)

The greatest gift many of us receive is one we often forget about: the sacrifice of our veterans in defending the country we call home, both in peacetime and in war. So it's only fitting that one of the traditions at Perry Point VA Medical Center every Christmas is to give back to those who gave so much. Dozens of volunteers from around the county came out Wednesday in the annual gift distribution at the veterans hospital, passing out bags full of gifts to the veterans.

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4.7 - Altoona Mirror: [Van Zandt email raises concerns](#) (23 December, William Kibler, 73k uvm; Altoona, PA)

A recent email from the new director of the Van Zandt VA Medical Center stating that employees who have been served with a subpoena or search warrant or contacted by investigative agencies must let hospital authorities handle their cases has proven to be controversial.

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4.8 - Press Publications (The Forest Lake Area Lowdown): [YMCA holds veterans Town Hall in partnership with VA](#) (22 December, Jackie Bussjaeger, 48k uvm; White Bear Lake, MN)

Veterans from the Twin Cities and beyond gathered Dec. 7 at the Forest Lake YMCA to give feedback to the Department of Veterans Administration (VA) on its performance. The VA has held quarterly Town Halls around the metro since 2013 in order to gather feedback and improve its services to veterans of the armed forces.

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5. [Improve Timeliness of Service](#)

5.1 - Washington Free Beacon: [Marine Veteran Denied VA Care After Waiting Over a Year for Treatment](#) (22 December, Natalie Johnson, 1.2M uvm; Washington, DC)

Retired U.S. Marine Corps Cpl. Rick Disney had served in the military about a year when he fell from a repel tower and broke his heel in Norfolk, Va., during a 1999 training exercise. In the years that followed, Disney was deployed overseas to carryout anti-terrorism operations, where he endured the wear-and-tear of an active duty service member, suffering neck, back, and leg pain that has persisted for more than a decade after he transitioned to the inactive reserves in 2002.

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6. [Suicide Prevention](#)

6.1 - WBFO (NPR-88.7): [Depression among veterans can escalate during holiday season](#)

(22 December, Michael Mroziak, 37k online visitors/mo; Buffalo, NY)

For many, the holiday season brings depression and, in more severe cases, thoughts of suicide. This includes many veterans who, upon returning home from overseas tours, may be struggling to process their experiences as they a time of year that's expected to be festive. A professional who works in mental health with the Department Veterans Affairs in Buffalo offers pointers for recognizing when a veteran may be in need of help.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Patch.com (Roswell): [Roswell Awarded Grant To Provide Sports Program For Disabled Vets](#)

(22 December, Kristal Dixon, 36.9M uvm; New York, NY)

The city of Roswell will soon be able to provide disabled veterans with opportunities to improve their health and quality of life thanks to a grant from the U.S. Department of Veterans Affairs. Roswell's Recreation, Parks, Historic, and Cultural Affairs Department has been awarded a \$21,080 VA Adaptive Sport Grant to create a Veteran's Adaptive Softball League and Veteran's Adaptive Cycling League, both of which will begin in spring 2018.

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7.2 - Philadelphia Inquirer: [This 79-year-old veteran lived in the N.J. woods for a decade. Now, he's come home](#)

(22 December, Erin Arvedlund, 11.8M uvm; Philadelphia, PA)

Just in time for the holidays, Stanislaw "Stan" Radkowski, 79, finally came in from the cold. The retired Air Force and Army veteran had been living on the edge of the Pine Barrens, camping in the New Jersey woods when his pension and Social Security benefits couldn't cover a motel.

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7.3 - The Ring of Fire Network (Video): [Trump Administration Cuts Aide For Homeless Veterans](#)

(22 December, Farron Cousins, 1.2M uvm; Pensacola, FL)

In a particularly cruel move, the Trump administration has decided to end a program that provided housing aide to homeless military veterans. This move came less than 2 days after the Trump administration doubled down on their commitment to US veterans, but apparently that was nothing more than empty words, as Ring of Fire's Farron Cousins explains.

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7.4 - WRCB (NBC-3, Video): [Chattanooga Vets Center goes the extra mile for veterans](#) (23 December, Kasey Freeman, 444k uvm; Chattanooga, TN)

The Chattanooga Vets Center is taking some time to give back this holiday season. On a daily basis they help connect veterans with the services they need. On Friday, they put some presents inside the pantries of veterans in need. As many families are already gathering to spend the holidays together, others are wondering where their next meal will come from.

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7.5 - The Southern Illinoisan: [Marion charity places more than 1,700 wreaths on veterans' graves](#) (22 December, Marilyn Halstead, 167k uvm; Carbondale, IL)

Jim Koonce has a goal: To place wreaths on the graves of all veterans buried in Mound City National Cemetery. Koonce and Honor Wreaths for Veterans, a Marion-based charity he founded, are getting closer. Each year, Honor Wreaths for Veterans works with local groups and organizations to raise funds to purchase wreaths from Wreaths Across America.

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7.6 - KUSI (TV-9, Video): [Second of three large tent shelters for homeless opens in Midway District](#) (22 December, Dan Plante, 160k uvm; San Diego, CA)

The second of three large tent shelters for San Diego's homeless opened in the Midway District Friday morning. The "temporary bridge shelter" is designed to house up to 200 veterans a day. It is operated by Veterans Village of San Diego and will provide easy access to veteran-specific programs for those staying in the shelter.

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7.7 - South Dakota Public Broadcasting: [U.S. Senate Passes Black Hills National Cemetery Expansion Bill](#) (22 December, Jeremy Ludemann, 44k uvm; Vermillion, SD)

The U.S. Senate has passed a bill that permanently transfers 200 acres of federal land to expand the Black Hills National Cemetery near Sturgis. The Senate unanimously approved the Black Hills National Cemetery Boundary Expansion Act by a voice vote. U.S. Senators John Thune and Mike Rounds were two of the bill's prime sponsors.

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8. [Other](#)

8.1 - WRGT (FOX-45, Video): [Dozens of headstones at Dayton VA cemetery damaged](#) (22 December, Christina Schaefer and Rhonda Moore, 52k uvm; Miamisburg, OH)

More than 30 headstones of veterans have been damaged after a vehicle crashed into a fence surrounding the Dayton VA cemetery. It happened in the area of Gettysburg Avenue and McCall Street. Workers are now out at the scene putting up a temporary fence and cleaning up the damaged headstones.

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1. [Top Stories](#)

1.1 - CBS News (Video): [VA used illegal policy to hire medical workers with revoked licenses for years: Report](#) (22 December, Kathryn Watson, 26.1M uvm; New York, NY)

The Department of Veterans Affairs for years relied on old and illegal policy allowing VA hospitals to hire medical workers even if their licenses had been revoked, according to a USA Today investigation.

In 2002 the VA issued national guidelines giving hospitals the discretion to hire clinicians with revoked licenses after considering the facts of the the situation and as long as the individual still had a license in at least once state. But three years earlier in 1999, Congress passed a law prohibiting the VA from employing any health care workers whose license has been revoked in any state. The VA confirmed the existence and use of the 2002 guidelines to USA Today.

Those illegal guidelines, USA Today discovered, have resulted in the hiring of doctors and other health care workers who never should have been employed to take care of veterans. For example, USA Today reported the VA in Iowa City hired neurosurgeon John Henry Schneider earlier this year, even though his application showed he had a number of malpractice claims and settlements against him, and Wyoming revoked his license when a patient died in his care. The neurosurgeon still had a license in Montana. So the VA hired him, USA Today found. The VA moved to fire Schneider at the end of November, after USA Today lodged inquiries about his case.

VA Secretary David Shulkin, who has been praised by President Trump for his work at the VA, told USA Today he has ordered a rewriting of those guidelines to reflect the law. It's unclear if VA leadership was aware of the national guidelines prior to the USA Today investigation. Shulkin was first appointed to leadership in the VA by former President Barack Obama in 2015.

"It's very clear to me that our job is to have the best quality doctors that we can provide to take care of veterans, and that's going to be our policy," Shulkin told USA Today.

Shulkin also told the publication the VA he has launched a nationwide review to find and remove any other health care providers who shouldn't be caring for veterans. Dozens of members of Congress have also demanded answers from the VA on the problem.

Subpar medical service has long been a problem at the VA, which is still trying to repair its care and reputation after the 2014 wait time scandal in which veterans died while they waited on secret wait lists. VA workers were even incentivized with bonuses to hide wait times, whistleblowers said.

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1.2 - U.S. News & World Report (AP): [Police: Driver Damages Headstones at VA Cemetery in Crash](#) (22 December, 24M uvm; Washington, DC)

DAYTON, Ohio (AP) — Police say a driver crashed through a fence, damaging more than 30 headstones at a Department of Veterans Affairs cemetery in southwestern Ohio and then fled the scene.

Dayton police say the crash at the Dayton VA cemetery was reported about 7:30 Friday morning. Authorities say two sections of fencing and a tree also were damaged in the crash. Officials estimate it will take at least six weeks to clean up the damage and make repairs.

Police didn't immediately release any additional details or say whether investigators had identified a suspect.

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1.3 - Stars and Stripes: [Congress approves emergency funding for VA Choice, prevents delays of veterans' care](#) (22 December, Nikki Wentling, 1.5M uvm; Washington, DC)

A stopgap funding bill that President Donald Trump signed Friday to avoid a government shutdown included \$2.1 billion for a nearly bankrupt Department of Veterans Affairs program that allows veterans to seek medical care in the private sector.

The measure was included at the insistence of VA Secretary David Shulkin, who wrote to Congress on Dec. 12 warning money for the Veterans Choice program was running low. A notice published in the Federal Register on Wednesday stated that without congressional action the account used for the program could be depleted as soon as Jan. 2. Shulkin predicted without more funding, there would've been a "dramatic impact" on veterans' health care.

The continuing resolution allows the government to remain operational through Jan. 19, at which point lawmakers will need to approve another budget deal to prevent a shutdown. Before the House voted on the four-week budget extension Thursday, Rep. Phil Roe, R-Tenn., chairman of the Committee on Veterans' Affairs, pleaded with congressmen to approve the bill because of the provision to fund Choice.

"We cannot allow the care of our veterans in the community to be jeopardized because of a lack of funding," Roe said. "A vote against a continuing resolution is a vote against funding medical care for our nation's heroes. The secretary's message is clear."

This marks the second instance this year that Congress approved emergency funding for the Choice program. In mid-August, the department received \$2.1 billion to keep it operational. At the time, some veterans had experienced interruptions in their medical care, and veterans' requests to receive private-sector appointments were accumulating.

The cost of the Choice program runs between \$200 million to \$400 million each month, Shulkin wrote in his letter to Congress this month. He's attributed an increase in the program's costs to its gain in popularity.

In a statement Thursday about the agency's achievements in 2017, Shulkin said the VA authorized 6.1 million appointments in the private sector this year. That's a 64 percent increase from the 3.7 million private-sector appointments in 2016.

The unpredictability of costs is one reason that Shulkin and a bipartisan group of lawmakers has pushed for sweeping reforms to Choice and the VA's other community care programs. Shulkin had urged Congress to pass new legislation before the end of the year. Though bills have advanced through the VA committees in the House and Senate, neither chamber voted on them before leaving for holiday break.

Ahead of the vote on the year-end budget deal Thursday, Sens. Johnny Isakson, R-Ga., and Jon Tester, D-Mont., leaders of the Senate Veterans' Affairs Committee, went to the Senate floor to make one last plea for a vote before the new year.

Their bill, the Caring for Our Veterans Act, establishes a new system for veterans to seek private-sector care and includes other provisions, such as an extension of VA caregiver benefits to veterans injured before 9-11. The Congressional Budget Office estimated the legislation would cost \$54 billion for 10 years.

Tester described the \$2.1 billion in emergency funding approved Thursday as a "Band-Aid" on a program that needs major reforms.

"We need a long-term solution, and if we don't get that long-term solution, we're not doing right by our veterans in this country," he said on the Senate floor.

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1.4 - WFED (AM-1500, Audio): [Rep. Phil Roe: House committee leads charge on VA reform](#) (22 December, 831k uvm; Washington, DC)

The biggest civilian federal agency has undergone two years of continuous debate and reform. The Veterans Affairs Department is trying to modernize its support systems, rationalize its real estate, improve its workforce and give its constituents more choice of where they get medical care. Much of this work has involved the House Veterans Affairs Committee. Chairman Phil Roe (R-Tenn.) joins Federal Drive with Tom Temin with his take on the VA.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Mlive.com (The Grand Rapids Press): [Veterans Affairs expands with two new health clinics in Ann Arbor](#) (22 December, Kullen Logsdon, 10.9M uvm; Ann Arbor, MI)

Veterans across Washtenaw County are gaining more access to health care and different kinds of treatment, according to officials from Veterans Affairs.

The VA Ann Arbor Healthcare System is rapidly expanding, according to public affairs officer Brian Hayes, and has moved clinics to separate buildings across the city of Ann Arbor.

After creating a clinic for mental health services and audiology in October at 3800 Packard St., the VA opened a sleep and dermatology clinic in late November.

The Green Road Outpatient Clinic, located at 2500 Green Road, serves between 40-60 veterans each day and provides services for their family members as well, Hayes said.

"Our veterans were a little skeptical because it meant taking appointments outside the medical center," he said. "But overall, the reception has been very good. It's a beautiful, state-of-the-art facility."

Reaching More Veterans

Moving the clinic to the new 10,000-square foot facility has allowed the VA to reach more veterans with the extra space and resources, Hayes said.

VA doctors looked at the University of Michigan's equipment when scouting for the new clinic and demanded to have "newer and better" machines.

"We have the very best of equipment," Hayes said. "It increased our sleep study rooms so now we have more capacity to do more sleep studies. By moving off site, it increases our access to get more veterans in and get services for sleep and dermatology."

Hayes said the VA has 5,544 of the 15,450 Washtenaw County veterans (36 percent) enrolled in health care and hopes that number continues to increase.

The veterans who are enrolled are transported by bus between the three facilities based on need. Hayes said the additional available parking is also a benefit of having off-site clinics.

VA teamed up with local real estate firm Oxford Companies to complete the Green Road Outpatient Clinic. Alex Perlman, associate director of Oxford Commercial, said the clinic will benefit the Ann Arbor community.

Full-Size Clinic Approved

In addition, Hayes said the VA has been approved and funded by Congress to build a full-size clinic in either Plymouth or Canton.

The Ann Arbor VA currently serves 5,000 Wayne County veterans and Hayes believes they could reach 15,000 when the new facility opens in three to five years.

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3.2 - Task & Purpose: [Trying To Upgrade Your Discharge? The VA Has An App For That Now](#) (22 December, James Clark, 102k uvm; New York, NY)

Without any fanfare or announcement, the Department of Veterans Affairs has launched a new online wizard to help veterans seeking to upgrade their military discharges. Available on the VA's Vets.gov benefits website, the interactive questionnaire walks former service members through the upgrade process' many steps, tailored to their particular situation.

The new tutorial is especially useful for vets trying to correct or upgrade “bad paper” discharges, administered for misconduct, that bar them from enjoying many VA benefits. It comes after an August announcement that the Pentagon would ease the criteria for granting upgrades, giving veterans “a reasonable opportunity to establish the extenuating circumstances of their discharge.”

“What the VA’s tool does, is it answers the most basic questions, which unfortunately, are what hold up most veterans who are seeking access to benefits that have been denied,” Kris Goldsmith, the executive director of High Ground Veterans Advocacy, told Task & Purpose. “Having it hosted at a website that directs you not just to VA appeals, but to DoD appeals, is common sense — and frankly, it should have happened a decade ago.” (VA representatives did not respond to a request for comment from Task & Purpose by publication time.)

Veterans of all services, the tutorial says, have “a strong case for a discharge upgrade” if they can show that their separation was linked to traumatic brain injury; sexual assault or harassment during military service; sexual orientation under the Don’t Ask, Don’t Tell policy; or mental health conditions, such as post-traumatic stress disorder.

Vets plug in their branch of service, year of discharge, reason for seeking an upgrade, type of discharge and whether it was the outcome of a court-martial. Once that info is submitted, the next page gives a rundown of what paperwork needs to be filed, how it should be submitted, and a friendly suggestion that while navigating the process, vets should reach out to their local veteran service organizations or seek legal representation.

Without that kind of explicit guidance, “most people simply don’t know what to do,” Goldsmith said. Each branch has its own website for discharge upgrades, but “they’re not that user-friendly, and they certainly aren’t very proactive about ensuring that a veteran’s rights are protected.”

After clicking through the prompts on his own questionnaire, Goldsmith was encouraged to see the message recommending that vets reach out to a VSO or legal counsel.

“That right there is huge, because it’s a terrible, frustrating process,” said Goldsmith, who was separated from the Army with a general discharge in May 2007 — Task & Purpose detailed his story in February 2015. “I have been dealing with this myself for over 10 years now. I am an expert on this policy and it’s still tough on me, and I’m still managing my own case.”

Between 2011 and 2015, nearly 92,000 service members were discharged for misconduct — more than two-thirds of whom “were diagnosed with PTSD, TBI or other conditions such as adjustment, anxiety, bipolar or substance abuse disorders within two years before leaving the service,” Military.com reported May 17.

A General Accountability Office report in May also concluded that individual services were inconsistent in acknowledging service-connected medical or mental health issues that may have played a role in the misconduct underlying a service member’s discharge, Task & Purpose previously reported.

“What needs to be remembered is: When these people are kicked out of the military, they’re in an inherently vulnerable state,” Goldsmith said.

"It's hard enough to go through the transition with an honorable discharge and all of your benefits. When you're accused of something like misconduct or suffering from PTSD that's not being treated and you're worried about staying off the street, you're not able to retain the information that you need to get a discharge upgrade."

For veterans interested in more information on applying for a discharge upgrade, the Department of Veteran Affairs guidance can be found [here](#).

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4. Focus Resources More Efficiently

4.1 - Newsmax: [Report: VA Hiring Workers at Hospitals With Revoked Licenses](#) (22 December, Todd Beamon, 10.8M uvm; Boca Raton, FL)

Hospitals operated by the Department of Veteran's Affairs have been defying federal law and hiring health care providers with revoked or suspended licenses for at least 15 years, USA Today reports.

"The dumping ground for all these folks is the VA," Colorado Republican Rep. Mike Coffman said in demanding this week that VA Secretary David Shulkin begin a national review to determine whether other employees with malpractice complaints or settlements are working at hospitals.

The VA does not require medical workers to have malpractice insurance — and the agency pays claims with taxpayer dollars.

According to the report, the VA issued national guidelines in 2002 allowing local hospitals to hire healthcare workers after "prior consideration of all relevant facts surrounding" any revocations and as long as they still had a license in one state.

But a federal law passed in 1999 barred the VA from employing workers whose license has been revoked by any state.

Still, USA Today found that neurosurgeon John Henry Schneider was hired in April by the VA in Iowa City, Iowa.

He disclosed in his application that he had numerous malpractice claims and settlements and that Wyoming had revoked his license after a patient death.

Schneider, however, still had a license in Montana.

But on Nov. 29, the VA sought to fire Schneider after inquiries by USA Today. He resigned instead.

The agency said that Iowa City VA hospital officials had received "incorrect guidance" in hiring Schneider, conceding to USA Today this week that the national policy had allowed them to bring him aboard.

Shulkin said he had ordered the rewriting of agency guidelines and had launched a nationwide review to identify and fire health care workers with revoked licenses.

"It's very clear to me that our job is to have the best quality doctors that we can provide to take care of veterans," he said. "That going to be our policy."

Shulkin added that providers with other sanctions against their licenses short of revocation — suspensions or reprimands, for instance — also will be reviewed.

Besides Coffman, other members of Congress have demanded that Shulkin take action after USA Today's report.

Iowa Republican Sen. Chuck Grassley, chairman of the Senate Judiciary Committee, said that it was "unacceptable that it was only as a result of USA Today's report that the VA determined that hiring this neurosurgeon [Schneider] was illegal."

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4.2 - Investor's Business Daily: [VA Negligence Is Killing Veterans](#) (22 December, Sally C. Pipes, 3.2M uvm; Los Angeles, CA)

A bombshell report just revealed that a Department of Veterans Affairs hospital knowingly hired a physician with a record of more than a dozen cases of malpractice, including the death of a patient. Other recent VA physician recruits include a known sexual predator and a dangerous felon.

A separate analysis from the Government Accountability Office determined that several VA medical facilities had ignored roughly half of all patient complaints.

These are merely the latest additions to a laundry list of shameful incidents at VA medical centers. The agency seems incapable of delivering high-quality care to the patients it serves — or even holding its employees accountable. Our nation's heroes are suffering the consequences.

VA medical facilities are infamous for administering low-quality care. The latest GAO report, which examined five VA medical centers from 2013 to 2017, proves as much. Administrators of the medical centers were supposed to monitor and review the performance of 112 doctors "after concerns were raised (by patients) about their clinical care."

But they shirked their responsibilities. GAO auditors concluded that administrators never reviewed 21 of the doctors. The medical centers were unable to provide documentation that reviews took place for 26 other physicians. One medical center did complete its required reviews — three and a half years late.

Administrators' negligence enabled incompetent doctors to continue treating — and likely harming — veterans.

When administrators do find hard evidence of malpractice, they often sweep it under the rug. An October USA Today expose of VA facilities revealed at least 126 cases in which employees

committed fireable offenses. Instead of immediately terminating these doctors and nurses, the VA asked them to resign — and gave them secret settlements on their way out the door.

In about 75% of the settlements, administrators omitted the incidents from employees' records and even recommended them to other employers.

Consider the case of Thomas Franchini, a podiatrist at a Maine VA hospital. Franchini botched 88 procedures. He severed a patient's tendon during one surgery and failed to successfully fuse one woman's ankle in another. The latter's leg had to be amputated as a result.

Franchini wasn't fired for any of these errors. Instead, the VA allowed him to resign and return to private practice.

The VA has even hired doctors who have lost their medical licenses — even though federal law prohibits them from doing so.

In December 2017, USA Today revealed that the VA Hospital in Iowa City had recruited surgeon John Schneider, despite knowing that Wyoming had revoked his license. This summer, Schneider conducted four brain surgeries in just four weeks on one veteran. The patient died just weeks later due to infection.

Another vet withstood three spinal surgeries from Schneider; a month after his third, his wound still hadn't healed.

This negligence is too often the norm in VA medical centers. Vietnam veteran Bill Nutter died at a VA hospital in Massachusetts earlier this year because his nurse's aide failed to check on him. She instead opted to play video games while on the clock, according to the Boston Globe.

Vets have to wait for care outside the hospital, too. The VA aims to keep wait times for appointments under 14 days. The department can't even clear this low bar.

As of September, new patients had to wait an average of over three weeks to see a primary care doctor. Worse, Veterans Affairs Secretary David Shulkin recently announced that delays in care will likely spike in 2018.

Many VA facilities try to hide these shortcomings. The agency itself has recently been forced to admit that employees at hospitals in California, Colorado, and several other states manipulated wait time lists for years to show that delays were shorter — or in some cases, nonexistent.

The VA is in shambles. Absent reform that allows vets to seek care in the private sector, our veterans will continue to be subjected to subpar care.

Pipes is President, CEO, and Thomas W. Smith Fellow in Health Care Policy at the Pacific Research Institute. Her latest book is The Way Out of Obamacare (Encounter 2016).

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4.3 - The Des Moines Register (Video): [VA needs increased financial and political support](#)
(22 December, Kenneth Johnson, 3.2M uvm; Des Moines, IA)

The Des Moines Register recently reported that the VA Hospital in Des Moines hired a physician who consistently provided dangerous care to vets. Other media reports suggest substandard care is provided at VA facilities around the country.

In 1994, responding to criticism of the VA system, President Clinton appointed Dr. Kenneth W. Kizer to head the VA. Kizer changed an entrenched top-down conglomerate, which was dirty and dangerous, into a decentralized, community clinic-focused, quality-driven system, which became a model for the rest of the country.

By 2000, in an amazing turnaround, the Veterans Health Administration had become a leader in clinical research and performance improvement. In 2002, the National Committee for Quality Assurance rated the VHA tops. Studies reported in 2003 showed that vets fared significantly better than commercial HMO and Medicare patients on a host of quality measures. The Washington Monthly trumpeted the VHA under the headline, "Best Care Anywhere."

My own family experience with the VHA system confirmed this. My father, a World War II vet, regularly used VHA services and received excellent care, evidenced by his good health through the age of 92. My brother, a Korean War-era vet, received excellent care at the VHA hospital in Kansas City, including brain surgery to remove a cancerous tumor. Not only did they receive quality care, but the facilities were also first class and the staff was caring, professional, communicative and extremely capable.

Unfortunately, the Bush administration allowed this model healthcare system to deteriorate by not providing the financial and political support the VHA needed to accommodate the substantial increase in vets needing care due to the Afghanistan and Iraq wars. Obama was stymied by Congress and Trump has done virtually nothing.

It's a shame and needs to be addressed now.

— Kenneth Johnson, Des Moines

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4.4 - WBRC (FOX-6): [Tuscaloosa VA nurses return from service in Puerto Rico hurricane aftermath](#) (22 December, Terri Brewer, 597k uvm; Birmingham, AL)

TUSCALOOSA, AL (WBRC) - Two nurses, inspired to do disaster relief work following the April 27, 2011 Tuscaloosa tornado, have just returned from two weeks serving in Puerto Rico. The island is still working to recover in the aftermath of Hurricane Maria.

Tuscaloosa VA Medical Center nurses Kimberley Sawyer and Kathy Ridings were deployed to Puerto Rico through the VA's Disaster Emergency Management Personnel System, known as DEMPS. DEMPS is the Veterans

Health Administration's main deployment program for clinical and non-clinical staff to an emergency or disaster.

Sawyer and Ridings cared for patients at a federal medical station. Some of the patients they cared for were people who needed medical equipment and attention in a home or nursing

home, but could not remain there because of the lack of electricity in many places on the island. The nurses were providing care not just to veterans, but to all people.

Both nurses said the work was extremely rewarding, and they were overwhelmed by the spirit of the Puerto Rican people.

"We found that the Puerto Rican people take wonderful care of their family members at home," Ridings said. "They worked alongside of us, they stayed there with their family members, and we became one big family."

"We certainly felt the love from them," Sawyer said. "I've never been told by so many people, 'I love you', that didn't know me. They were very loving, very appreciative of everything that you did for them and their family members. "

The nurses said their service through DEMPS would not have been possible without the support of their co-workers, employer and family members. Ridings and Sawyer encourage anyone wanting to help the relief effort in Puerto Rico to consider directly supporting someone who is traveling there to serve.

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4.5 - Daily Local News: [TMACC donates more than 2,500 gifts to Coatesville VA veterans](#) (22 December, 190k uvm; West Chester, PA)

Caln - Transportation Management Association of Chester County officials delivered gifts Thursday to veterans as a way to give back to those who served.

The Transportation Management Association of Chester County (TMACC) officials were joined by elected officials, members and various community partners gathered to deliver over 2,500 gifts for the veterans at the Coatesville VA Medical Center in Caln Township and for those in the Supportive Services for Veterans and Families Program at the Veterans Multi-Service Center.

TMACC began this initiative four years ago as a way to give back to the veterans who ride their public transportation service, ChescoBus. The Coatesville VA is a major stop along the Coatesville Link route.

TMACC collects gifts from its members and community residents at Summerfield in Elverson. Since its inception, the local non-profit continues to exceed its goals with 200 gifts over its goal of 500 in 2014, to 500 gifts over its goal of 2,000 this year.

"We appreciate your support and are excited that we have reached another record-breaking year with gifts," said TMACC Executive Director Tim Phelps, to the crowd of volunteers unloading the buses at the VA Center. "Through your support and generosity, we are able to bring the holiday spirit to the men and women who proudly served our great nation."

The gifts collected are delivered to the patients at the VA Medical Center as well as to Veterans and their families who receive housing through the Veterans Multi-Service Center's Supportive Services for Veterans Families (SSVF) Program. Jesse Thompson, an outreach specialist at the VMC, said the gifts they receive from this single donation help families throughout the entire year.

Among the volunteers were County Commissioners Michelle Kichline and Terence Farrell, state Rep. Harry Lewis Jr., R-74, Rep. Becky Corbin, R-155, state Rep. Carolyn Comitta, D-156, state Rep. Eric Roe, R-158, state Rep. Warren Kampf R-157, and staff from the offices of state Sen. Andy Dinniman and both U.S. Sens. Pat Toomey and Robert Casey.

To learn more about the Veterans Gift Drive, visit www.tmac.org.

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4.6 - Cecil Whig: [Perry Point VA gift distribution continues a powerful tradition](#) (22 December, Kris Kielich, 148k uvm; Ekon, MD)

PERRYVILLE — The greatest gift many of us receive is one we often forget about: the sacrifice of our veterans in defending the country we call home, both in peacetime and in war.

So it's only fitting that one of the traditions at Perry Point VA Medical Center every Christmas is to give back to those who gave so much. Dozens of volunteers from around the county came out Wednesday in the annual gift distribution at the veterans hospital, passing out bags full of gifts to the veterans.

"We have a lot of volunteers and community groups out here today," said Brandi Sima, one of the voluntary services specialists at Perry Point. "We actually had to start limiting volunteers because there were so many. That's a good problem to have and really tells a lot about this community."

The gifts this year covered a wide array of items, from Snugglies to magnifying lights to canteen credits, but it was all about benefitting the veterans.

"It varies every year, since the nurse managers tell us what are highly requested items," Sima explained. "We try to find things that can fit the whole population here."

The volunteers and groups that came out to help really represented the many facets of Cecil County. From Bank of America's Military Support Group to APG Lighthouse Ministry to Hogs and Heroes motorcycle club, there were about nine different organizations present.

"It's very exciting," said Joyce Kuwae, another voluntary services specialist. "We have volunteers call us and ask when the distribution is happening each year, and the patients get excited to get gifts and talk with visitors and volunteers."

As the volunteers spread out and worked their way through the facility, that excitement was perfectly clear. When stopping in to visit 87-year-old Korean War veteran Bill Krauch, the volunteers were greeted with a warm smile and laughter, as well as some wonderful Bing Crosby selections and harmonica playing from Mr. Krauch. And over and over again, the reactions between veterans and volunteers was one of joy and thankfulness on both sides.

"I'm amazed, because I'm here in the hospital getting treated for an injury I had in the service, and it thrills me to find people coming in and giving me things," said Cornelius Johnson, a peacetime veteran who served overseas in both Germany and Japan in the mid 1950s. "I really appreciate it, and I'm surprised."

One of the most powerful things volunteers received were the stories of each veteran: how, when and where they served as well as what came after their service. Johnson, for example, coached football and track in Baltimore after leaving the service, hence his nickname known around the hospital: “Coach.”

And the event certainly wasn’t just a powerful one for the veterans. The volunteers expressed their gratitude and enjoyment wholeheartedly. At the end of the event, catching up with Hogs and Heroes members Dawn Hurt and Robin Warwick, the two women captured the spirit of the event in their reflections.

“We’re from an organization that primarily supports veterans and first responders, and this is so gratifying,” Warwick said. “We love doing it. To see them smile makes your heart swell.”

“They gave the ultimate sacrifice for our country,” Hurt said. “If we can give them happiness through some gifts and through talking to them, why wouldn’t we?”

Across the board, from volunteers, staff and veterans alike, there were smiles in each and every room and hall. It was a show of what Cecil County is at its very core: a community full of people willing to help each other and spread cheer to those that need it during a season recognized for compassion. It was once again a powerful display of giving back to those who gave us the greatest gift.

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4.7 - Altoona Mirror: [Van Zandt email raises concerns](#) (23 December, William Kibler, 73k uvm; Altoona, PA)

A recent email from the new director of the Van Zandt VA Medical Center stating that employees who have been served with a subpoena or search warrant or contacted by investigative agencies must let hospital authorities handle their cases has proven to be controversial.

The “guidance” provided by Sigrid Andrew threatens employees’ First Amendment rights and their protections as potential whistleblowers, said Jay DeNofrio, a whistleblower whose cases against hospital management include one awaiting a decision before the Merit System Protection Board.

Andrew’s email, dated Nov. 1, stated :

“– Employees served with a subpoena ... are to provide the original subpoena to the Privacy Office for further action. ... Employees are not to respond to a subpoena to appear for testimony and/or to provide any agency document to include but not limited to copies of the Veteran’s protected health information.

“– Search Warrants will be coordinated or executed by VA Police.

“– Inquiries, both verbal and written, related to internal investigations and external investigations, are to be directed to the Director’s office for a response.”

The email didn't sit well with Andy Scherzinger, president of the hospital's union for nonmanagement employees.

"This is not what our Master Agreement says, nor was this bargained or negotiated," stated a message supplied by Scherzinger. "A subpoena is a subpoena, and this facility is not above the f—g law."

Those unsettled by the email misinterpreted it, said hospital spokeswoman Andrea Young.

A clarifying email sent by Andrew in mid-November did nothing to satisfy DeNofrio, however.

Another clarifying email sent by Andrew on Thursday did better.

In it, Andrew said, "Employees are in no way limited regarding their communications to Congress, reporting to an Inspector General of a violation of any law, rule or regulation; mismanagement; gross waste of funds, abuse of authority or substantial and specific danger to public health or safety; or in any other whistleblower protection, including making disclosures to VA's Office of Accountability and Whistleblower Protection or the U.S. Office of Special Counsel."

"It's good they put that out," DeNofrio said. "I think it will help."

But the "clarification" belies Andrew's original intention, according to DeNofrio.

"I think they just got backed into a corner and had to say something," he stated.

The original email was in response to advice from the Commission on Accreditation of Rehabilitation Facilities (CARF), after a recent survey by the commission, according to Andrew. "It was not intended to prevent employees from exercising their rights as private citizens," Young said Thursday.

In her initial instructions, Andrew was merely restating a policy that is in force throughout the VA system, Young said.

It's intended to protect employees from releasing information that would violate patient privacy, she said.

The controversy over the email has reached the U.S. House Committee on Veterans Affairs, with which DeNofrio was in prior contact.

Asked Thursday for comment, committee spokeswoman Tiffany Haverly sent a statement by Chairman Phil Roe, R-Tenn.

"In order to bring wholesale reform to the Department of Veterans Affairs, we must ensure that VA employees are not restricted from engaging in their legal right to freely communicate with Congress should they choose to do so," Roe stated. "As chairman, conducting effective oversight of VA is one of my highest priorities, which is why my staff requested that the Altoona VA's leadership clarify to its staff that the facility's email was in no way intended to inhibit employees' rights to speak to Congress or other relevant entities."

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4.8 - Press Publications (The Forest Lake Area Lowdown): [YMCA holds veterans Town Hall in partnership with VA](#) (22 December, Jackie Bussjaeger, 48k uvm; White Bear Lake, MN)

FOREST LAKE — Veterans from the Twin Cities and beyond gathered Dec. 7 at the Forest Lake YMCA to give feedback to the Department of Veterans Administration (VA) on its performance.

The VA has held quarterly Town Halls around the metro since 2013 in order to gather feedback and improve its services to veterans of the armed forces.

The event was open to veterans, their spouses, VA stakeholders and the general public. Attendees were able to share their feedback with key members of the VA, and also manage their claims on site.

The panel included Jessica Gillette, St. Paul Veterans senior center manager; Donna Meyer-Hickel, VA assistant director, St. Paul VA Regional Office; Kim Graves, director, St. Paul Regional Office; John Knapp, Fort Snelling National Cemetery; Patrick Kelly, director, Minneapolis VA Health Care System; Kent Crossley, MD, chief of staff; Helen Pearlman, nurse executive; Martina Malek, chief experience officer; and Kurt Thielen, associate director.

The event drew veterans from Forest Lake and beyond. Many shared heavy criticisms of the bureaucratic process they'd experienced at the VA, saying they'd had medical records lost in the process of seeking VA care. Others praised certain doctors and employees, saying their experience had been ideal.

VA representatives thanked the speakers, and recognized the areas where improvement was necessary.

"It's not easy for us to hear that it didn't go well for you," said VA Director Patrick Kelly. "I am proud of our health care system. We have good doctors; we have a great staff. This is not an excuse, but we see 930,000 outpatient appointments every year, we have 103,000 veterans enrolled to get care with us, and we do some pretty complicated things for some pretty sick patients. Some of the customer service things, it's not good enough, I get it. And we will work on those things. We want to address when things aren't right."

Among the speakers at the event was YMCA employee Amanda Hooper, a retired Army sergeant. Hooper applied for a grant to start up a new veterans outreach program at the Forest Lake Y, which she hopes will expand to other branches in the near future.

Hooper was concerned that there was not much awareness of the MOU, or Means of Understanding, partnership between the YMCA and the VA.

"Absolutely nobody knows about it," Hooper said. "Nobody at the VA knows what it is, nobody at the Y knows what it is. There's no place where people can find where those things are happening, there's no publication about how they're happening, there's no promotion of where they're happening ... It's not being used and I feel like there's so many 501(c)19s out there to help veterans and we're not being the glue, and we could really be the glue if we worked together."

VA Director Patrick Kelly responded to her concern, agreeing that there was a lack of understanding about the MOU.

“The YMCA, as a strategic partner, agreed to open up the YMCAs for events like this (Town Hall),” he explained. “This is a great example. It’s really the first time we’ve used the YMCA for this purpose.”

As part of the MOU agreement, the YMCA agreed to waive registration fees for any veterans to join the Y, but both Hooper and Kelly agreed that the partnership was not being used to its full extent.

“We haven’t really done much in terms of getting (a foot in the door) in the last year since we signed the agreement, and not a lot of veterans are taking advantage of this. They should, it’s a good deal, and not many veterans know about it,” said Kelly.

“The MOU is so big, there’s so many other things we could be doing,” Hooper said.

The veterans program at the YMCA, spearheaded by Hooper, has begun offering a calendar of monthly veterans events and information. The program is called Veteran/Military Rendezvous, and its goal is to provide a community group for local veterans that will meet once a month at the Forest Lake YMCA. Each month it will focus on a different topic about recovery and living a healthy lifestyle.

The YMCA is located at 19845 Forest Rd N, Forest Lake. For more information about the Veteran/Military Rendezvous program, contact Amanda Hooper at 651-747-0809 or amanda.hooper@ymcamn.org.

For questions related to the VA and the town hall, contact Ralph Heussner, Public Affairs Officer, Minneapolis VA Health Care System, at 612-467-3012 or ralph.heussner@va.gov.

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5. Improve Timeliness of Service

5.1 - Washington Free Beacon: [Marine Veteran Denied VA Care After Waiting Over a Year for Treatment](#) (22 December, Natalie Johnson, 1.2M uvm; Washington, DC)

Retired U.S. Marine Corps Cpl. Rick Disney had served in the military about a year when he fell from a repel tower and broke his heel in Norfolk, Va., during a 1999 training exercise.

In the years that followed, Disney was deployed overseas to carryout anti-terrorism operations, where he endured the wear-and-tear of an active duty service member, suffering neck, back, and leg pain that has persisted for more than a decade after he transitioned to the inactive reserves in 2002.

He first visited the Veterans Affairs hospital in Tampa, Fla., to receive care in 2013. He recalls a chaotic process, running around the facility’s campus for six hours in an attempt to file a claim for treatment.

Disney then waited nine months to receive his first appointment. He spent another six months undergoing medical tests, but never received treatment. A year later, Disney received a letter rejecting his claim for benefits, asserting his injuries weren't sustained on active duty.

"When I got the denial claim in the mail I was disappointed, but I didn't expect much," Disney told the Washington Free Beacon. "The staff's treatment throughout the whole ordeal set it up where I wasn't surprised when I was turned away. It was just a long, drawn-out process, and for the veterans who are in immediate need for care, that's a life or death issue."

Lawmakers over the past year have floated several bills to give veterans the option to seek private-sector medical care if the VA is unable to provide a patient with an adequate healthcare team in a timely manner.

Though varying in detail, all three pieces of legislation would overhaul the private-sector Veterans Choice Program created by Congress in response to a 2014 scandal regarding over manipulated wait times at federal facilities that led to the deaths of dozens of veterans. The program was intended to temporarily provide veterans with greater flexibility to visit care providers outside of the VA's network of healthcare facilities.

With government funding set to run out Friday and a lack of consensus on those bills, VA secretary David Shulkin has urged lawmakers to pass a temporary stopgap measure "to ensure our veterans receive uninterrupted care."

Disney, who now works as a senior field director at the conservative Concerned Veterans for America, has advocated for a Senate measure that would increase access to private care "rather than relying on the VA bureaucracy to determine eligibility criteria." CVA has endorsed the bill, cosponsored by Republican Sens. John McCain (Ariz.) and John Moran (Kans.).

"I know veterans who are no longer here who needed immediate action, they needed immediate response, they needed help sooner, and then they self medicated and now they're dead," he said. "If they had the opportunity to go to any doctor and use their VA benefits elsewhere, there's a possibility that something different would have happened if they didn't have to wait for care."

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6. Suicide Prevention

6.1 - WBFO (NPR-88.7): [Depression among veterans can escalate during holiday season](#)
(22 December, Michael Mroziak, 37k online visitors/mo; Buffalo, NY)

For many, the holiday season brings depression and, in more severe cases, thoughts of suicide. This includes many veterans who, upon returning home from overseas tours, may be struggling to process their experiences as they a time of year that's expected to be festive. A professional who works in mental health with the Department Veterans Affairs in Buffalo offers pointers for recognizing when a veteran may be in need of help.

There are many similarities among veterans and non-veterans in the symptoms of depression but veterans suffering from Post-Traumatic Stress Disorder may show some of their own warning signs.

"There's sometimes during the holiday season more pressure to be social and to be out in large groups of people," said Joan Chipps, manager of the Behavioral Health Outpatient Clinic at the VA Western New York Healthcare System. "Sometimes people who have issued with PTSD are very uncomfortable in large gatherings."

Often times, it may be well-intentioned remarks by family or friends that instead drive away the veteran. Chipp says when a veteran has returned from active duty, one thing you should not ask him or her is "so, how was it over there?"

"A lot of the way we communicate with our veterans in the community can go a long way with helping them feel calmer and more accepted and more able to be in different situations," she said. "Talking about their home life and being back, and how good it feels to see them, can be better ways to start a conversation than getting directly into 'hey, what happened to you over there?'"

The warning signs that a depressed veteran may be pondering suicide are similar to those displayed by non-veterans but the triggers that contribute to the problem may differ. An increase in alcohol or drug use is one of the warning signs. So, too are outbursts of emotion.

"It can bring out a lot of reactions that have people scratching their heads, that can push people away because they don't know how to respond to it," Chipps told WBFO. "A lot of times the veteran is not comfortable talking about their experiences or they don't know how to talk about their experiences."

Veterans in need of assistance, or their loved ones, may contact the Veterans Crisis Hotline at 1-800-273-8255. Locally, veterans or loved ones may also call Crisis Services at 834-3131.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Patch.com (Roswell): Roswell Awarded Grant To Provide Sports Program For Disabled Vets (22 December, Kristal Dixon, 36.9M uvm; New York, NY)

ROSWELL, GA — The city of Roswell will soon be able to provide disabled veterans with opportunities to improve their health and quality of life thanks to a grant from the U.S. Department of Veterans Affairs.

Roswell's Recreation, Parks, Historic, and Cultural Affairs Department has been awarded a \$21,080 VA Adaptive Sport Grant to create a Veteran's Adaptive Softball League and Veteran's Adaptive Cycling League, both of which will begin in spring 2018.

"We are honored to be able to provide adaptive sport opportunities to veterans in our community, and we're grateful to the VA for providing this important funding to help us bring these programs to fruition," said Jeff Pruitt, interim director of the Roswell Recreation, Parks,

Historic, and Cultural Affairs Department. "Over the past several years, the city of Roswell has built a robust and inclusive adaptive recreation program so that everyone in our community — regardless of physical ability — is empowered to let go of any perceived limitations, enjoy activity, forge lasting friendships, and know that they are a valued part of our community. We are thrilled to be able to now expand these programs to veterans with disabilities."

The softball league will be an eight-week program, accommodating 48 players (four teams of 12 players). Weekly practices and games will take place at the Roswell Rotary Dream Field, which was specially designed for adaptive recreation. The end of the season will culminate in a tournament. The VA Adaptive Sport Grant funds will be used to pay for equipment, such as bats, balls, gloves, and helmets, as well as two multi-sport wheelchairs and staff salaries. Veterans with any physical impairment are encouraged to participate.

The Veteran's Adaptive Cycling League will be offered in partnership with Bike Roswell, Catalyst Sports, and Roswell Bicycles and welcomes veterans with physical impairments to experience cycling on the City of Roswell's extensive trail system twice a week for eight weeks. Grant funds will be used to purchase four adaptive handbikes, as well as specialized hand grips and helmets.

To learn more about the City of Roswell's adaptive programs for veterans, contact Will Crook or Jessica Leonard, adaptive recreation specialists, at wcrook@roswellgov.com or jleonard@roswellgov.com.

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7.2 - Philadelphia Inquirer: [This 79-year-old veteran lived in the N.J. woods for a decade. Now, he's come home](#) (22 December, Erin Arvedlund, 11.8M uvm; Philadelphia, PA)

Just in time for the holidays, Stanislaw "Stan" Radkowski, 79, finally came in from the cold.

The retired Air Force and Army veteran had been living on the edge of the Pine Barrens, camping in the New Jersey woods when his pension and Social Security benefits couldn't cover a motel.

For Radkowski, camping behind McGuire Air Force Base "made a lot of sense. It was what I could afford. I started camping out about 10 years ago in a sleeping bag, with a poncho, in case it rained."

But that's just the beginning of his story. Radkowski — a Holocaust survivor, naturalized American citizen, Vietnam veteran, and Air Force and U.S. civil-service retiree — had been chronically homeless since the early 2000s. After a year of talking with him and gaining his trust, the Veterans Multi-Service Center in Center City was able to house him through a cooperative effort with the Veterans Administration.

In November, Radkowski signed an apartment lease in the Wrightstown, N.J., area. The Veterans Multi-Service Center also worked to help him reconnect with his children, whom he had not seen in more than 30 years.

Radkowski was born in 1938 or 1939 in Poland, and was just a few years old when Hitler's Lebensborn program swept him into the chaos of war. Under Lebensborn, the Nazis kidnapped children considered "racially pure" in countries they occupied.

Some were already orphans; others were literally stolen from their parents' arms by the Nazis. Thousands were transferred to Lebensborn centers to be "Germanized," up to 100,000 from Poland alone. Radkowski was given a German name, Fritz Radke, and placed with an Austrian adoptive family.

By 1945, when the Allies tried to relocate kidnapped Lebensborn children, Radkowski couldn't even remember his birth parents. He and thousands of others drifted around refugee camps in Italy and Spain, until he was old enough at 18 to immigrate to America in 1957.

"I was one of the lucky ones," he said.

He was drafted into the U.S. Army, serving for three years, then served in the Air Force for 16 years, stationed at Clark Air Base in the Philippines and then in Thailand during the Vietnam War. He met and married a Filipina and had two children. "She wasn't interested in moving back with me to the U.S.," he recalled, and they separated.

By the time Radkowski retired from the civil service in the 1980s, he was living in and out of motels in New Jersey, uninterested in veterans' housing benefits.

In 2016, the Center City-based Veterans Multi-Service Center provided funds to 992 veterans or veteran households to either prevent homelessness or put veterans back in homes. VMC outreach workers Javier Galindo and Douglas Woods heard about Radkowski through the grapevine.

"He didn't want any help. He's highly independent, so it took us about a year to get him to even tell us his name and show us his military ID," said Galindo.

Still, it took some convincing. Radkowski's health was failing, and he ultimately agreed to allow the VMC to assist him.

"Doug and Javier found me a place," Radkowski said recently, smiling at the two men, also veterans. The VA and VMC connected him with doctors for routine health care and several surgical procedures. And finally, in November, the VMC helped him move into permanent housing in Burlington County. He's the leaseholder for his own two-bedroom unit and will be spending his first holidays inside in more than a decade.

The VMC also located his adult children, Stan Jr. and Paz.

"My children didn't know I was living in the woods," Radkowski said. They had no idea of their father's history, or if he was even alive. They live in California and traveled here for a weeklong stay earlier this year.

The VMC has provided transitional housing to 362 veterans at the Coatesville VA Medical Center. And a drop-in service center, the Perimeter at Fourth and Race Streets, served about 3,600 vets last year, many of whom were repeat visitors.

At the Perimeter, “we give veterans a change to clean their clothes, shower, eat lunch, get connected to services, and stay warm,” said Charlie Forshee, VMC’s deputy executive director.

Radkowski visits the military base often, probably most days now. He’s able to do his grocery shopping there, but there’s also a library on base where he spends a lot of time.

“Yes, I’ve had a fascinating life,” he said. “But really, I’ve had too much change in my life.”

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7.3 - The Ring of Fire Network (Video): [Trump Administration Cuts Aide For Homeless Veterans](#) (22 December, Farron Cousins, 1.2M uvm; Pensacola, FL)

In a particularly cruel move, the Trump administration has decided to end a program that provided housing aide to homeless military veterans. This move came less than 2 days after the Trump administration doubled down on their commitment to US veterans, but apparently that was nothing more than empty words, as Ring of Fire’s Farron Cousins explains.

Transcription:

In a truly heartless move by the Trump Administration, they have announced that they’re going to be ending a program funded by the Federal Government that is supposed to house homeless United States veterans. Now, the program costs about \$460 million every year, and the reason they’re trying to end it is because, again, they’re trying to reduce the deficit that they created with their massive tax breaks. One of the ways they’re going to do that is to stop trying to find homes for homeless veterans in this country. Ever since the Bush Administration, and we did plenty of stories on this back in the day, Republicans have always claimed to be the party that supports the troops. However, during the Bush Administration, they sent them to war with subpar equipment that resulted in far more deaths than should’ve taken place, and then they did absolutely nothing to protect those veterans when they came back to the United States.

Here, today, Donald Trump is continuing this tradition. They love to go out there and campaign with the military and say, “We want a strong military. We want to protect. We support our troops,” but the fact is, they don’t. Once you get back from war, and, hell, even before you get sent off to war, they don’t give a damn about the military. Those soldiers, who are going out every day and fighting on behalf of the United States ... The Republicans view you as no more than cannon fodder, and, once you get back, once you’re no longer over there fighting for us, they don’t care. They don’t care if you’re homeless. They don’t care if you come back addicted to drugs. They don’t care if you come back with PTSD, because they’re not going to provide you services to help make it better. They don’t do anything.

They’re not funding the VA properly, and now they’re saying, “You know what? We have a lot of homeless vets in this country, but to hell with them. We’ve got to give rich people a tax break.” That is what’s happening in the country today. The Republican Party does not care about the United States Military. Yeah, sure, they love to allocate a lot of money for the Military’s budget, but keep in mind that that money actually goes to the private contractors, the people who make the tanks and the planes and the jets that we use to go over there and bomb the hell out of other countries. That money’s not going to the troops. That money is not going to make their lives better when they’re at war or when they get home from war. That money is going to private contractors, because those people continue to fund Republican campaigns.

The money that's going into their pockets isn't coming from privates or soldiers. It's coming from defense contractors. The next time you hear a Republican say that we support the troops, I want you to remember this story about how they've decided to stop funding a program that helps homeless veterans find a home. Keep in mind that "support the troops" really just means support the defense contractors, who fund our campaigns.

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7.4 - WRCB (NBC-3, Video): [Chattanooga Vets Center goes the extra mile for veterans](#) (23 December, Kasey Freeman, 444k uvm; Chattanooga, TN)

The Chattanooga Vets Center is taking some time to give back this holiday season. On a daily basis they help connect veterans with the services they need.

On Friday, they put some presents inside the pantries of veterans in need.

As many families are already gathering to spend the holidays together, others are wondering where their next meal will come from.

Those families include veterans who have served our country.

Through the veteran's affairs center, the people who are giving the help can relate to the people receiving it.

The program, Veterans Helping Veterans, allows veterans to give food boxes to other veterans in need of a little help this time of year.

"It's icebreaker we tear down the walls right now so they can say hey this is what I need," said Kevin Baker, Outreach Technician.

Kevin Baker has been working for the Chattanooga Vets Center for four years and he says on a weekly basis he connects between 8,000 - 10,000 veterans with different services.

"Christmas is a really good time for the veterans because they seem to be struggling with finances food and taking care of children and family members," said Kevin Baker, Outreach Technician.

The Chattanooga Vets Center canned food drive raised \$20,000 worth of groceries that will give each family two boxes of food.

Baker says the vets helping vets program provided 42 veterans and families this year with enough food for the holidays.

"We have nonperishables plus the option of ham or turkey enough to feed them for the two weeks most kids are out from the 19th to the third," said Kevin Baker, Outreach Technician.

About 95,000 veterans live below the poverty level nationwide, and most of those families with school aged children depend on the school system to provide their children with meals.

“We want to take that dilemma off so now they can go home for the two weeks and have three full course meals for the day,” said Kevin Baker, Outreach Technician.

According to the U.S. Department of Veteran Affairs, 9.7 million veterans use at least one VA benefit.

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7.5 - The Southern Illinoisan: [Marion charity places more than 1,700 wreaths on veterans' graves](#) (22 December, Marilyn Halstead, 167k uvm; Carbondale, IL)

Jim Koonce has a goal: To place wreaths on the graves of all veterans buried in Mound City National Cemetery. Koonce and Honor Wreaths for Veterans, a Marion-based charity he founded, are getting closer.

Each year, Honor Wreaths for Veterans works with local groups and organizations to raise funds to purchase wreaths from Wreaths Across America. Wreaths Across America is a national organization that honors and remembers the life of veterans by placing wreaths on their graves and saying their names.

“The project was fantastic. We have come a long ways from what we had before,” Koonce said.

When the group started, Mound City National Cemetery received around 200 wreaths. Their first year, Honor Wreaths for Veterans added 250 wreaths, for a total of 450 wreaths. Last year, the cemetery ended up with 1,100 wreaths.

This year, Honor Wreaths for Veterans raised money for 1,745 wreaths. A total of 2,699 graves were decorated at Mound City National Cemetery.

The group also worked with a Rotary Club to raise money to place wreaths on veterans' graves in a cemetery in O'Fallon.

“They had 388 wreaths they put on, which was all the veterans at the cemetery,” Koonce said.

The group also saw an increase in volunteer response, with more than 130 people volunteering through Honor Wreaths for Veterans.

In addition to Mound City, a few wreaths also went to Jefferson Barracks National Cemetery in St. Louis, Camp Butler in Springfield, Danville and Abraham Lincoln in Elmwood.

“That’s a lot of wreaths, and we still have a long way to go. To get Mounds covered, we have to have 9,000 wreaths,” Koonce said.

He added that they get great support from Women’s Life Insurance Society, which offered a matching program in the fall. They matched every donation for a six-week period.

“The Elks Lodges in area came in at the end to sponsor wreaths and help place them. Rotary Club of Carterville was tremendous,” Koonce said.

Fundraising began in July. In addition to a four-way stop collection in Colp and a fish fry, McAllisters, Buffalo Wild Wings and Don Sol in Carbondale helped raise funds.

"If everything goes right, I would like to add a few more cemeteries, like Carbondale, Carterville, Herrin and Marion," Koonce said. "We do have veterans at all those cemeteries. They deserve the same honor as the veterans buried in the national cemeteries."

Wreaths Across America places more than 1.5 million wreaths at more than 1,400 cemeteries nationwide. Wreaths are delivered by volunteers with trucking companies.

"We were unloading boxes, and it seemed to go on and on. If we get to our goal, we will have more than one truck come in," Koonce said.

In hopes of honoring more veterans, Koonce said the group will start fundraising immediately.

"I appreciate all the help our donors have given to us and I hope they are supportive next year. We would like to get more businesses involved," Koonce added.

Donations can be sent to: Honor Wreaths for Veterans, 1212 N. Garfield St., Marion, IL 62959 or made online at www.honorwreathsforveterans.org.

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7.6 - KUSI (TV-9, Video): [Second of three large tent shelters for homeless opens in Midway District](#) (22 December, Dan Plante, 160k uvm; San Diego, CA)

The second of three large tent shelters for San Diego's homeless opened in the Midway District Friday morning.

The "temporary bridge shelter" is designed to house up to 200 veterans a day. It is operated by Veterans Village of San Diego and will provide easy access to veteran-specific programs for those staying in the shelter.

"Some of these heroes who find themselves in desperate situations, now have another place they can turn," Mayor Kevin L. Faulconer said. "Under this roof, hundreds of men and women will find relief from the elements and the dignity they deserve while trained housing navigators work to connect them with a permanent home."

Services specific to this shelter include access to veterans housing programs from several federal agencies, including the Department of Veterans Affairs.

Like the other two shelters, this one on Sports Arena Boulevard includes offers meals, storage, showers, bathrooms, laundry services, alcohol and substance abuse counseling and mental health services, according to the mayor's office.

Each resident will be assigned a case manager and housing navigator who will develop a plan to get them permanently housed.

Veterans Village of San Diego ran a similar tent shelter during the cold weather months until a couple of years ago.

The winter shelter program was ended in favor of more permanent solutions, but the area's homeless population grew rapidly.

City officials were pressured to act by an outbreak of hepatitis A that killed 20 people and sickened hundreds — about two-thirds of whom were either homeless, users of illegal drugs or both. The rate of new infections has slowed in recent weeks.

The first tent shelter, for single adults, opened Dec. 1 at 16th Street and Newton Avenue in Barrio Logan and is run by the nonprofit Alpha Project.

The other will be located in the East Village and be operated by Father Joe's Villages. Designed for families, city officials hope to have it open by the end of the month.

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7.7 - South Dakota Public Broadcasting: [U.S. Senate Passes Black Hills National Cemetery Expansion Bill](#) (22 December, Jeremy Ludemann, 44k uvm; Vermillion, SD)

The U.S. Senate has passed a bill that permanently transfers 200 acres of federal land to expand the Black Hills National Cemetery near Sturgis.

The Senate unanimously approved the Black Hills National Cemetery Boundary Expansion Act by a voice vote.

U.S. Senators John Thune and Mike Rounds were two of the bill's prime sponsors. They were joined by Wyoming Senator Mike Enzi.

Congresswoman Kristi Noem sponsored a similar measure in the House that also passed unanimously.

Rounds says he looks forward to reconciling differences between the two versions of the bill in order to get the measure to President Donald Trump's desk.

Thune says the legislation allows the Black Hills National Cemetery to be a place for military families to remember and honor loved ones who have served.

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8. [Other](#)

8.1 - WRGT (FOX-45, Video): [Dozens of headstones at Dayton VA cemetery damaged](#) (22 December, Christina Schaefer and Rhonda Moore, 52k uvm; Miamisburg, OH)

DAYTON, Ohio (WKEF/WRGT) - More than 30 headstones of veterans have been damaged after a vehicle crashed into a fence surrounding the Dayton VA cemetery.

It happened in the area of Gettysburg Avenue and McCall Street.

Workers are now out at the scene putting up a temporary fence and cleaning up the damaged headstones.

"This is sacred grounds and it kind of hurt me personally, it's kind of heartbreaking," said National Cemetery Foreman Mark Wilson.

FOX 45 spoke with the director of the VA cemetery Douglas Ledbetter, who said the headstones have to be replaced within 60 days, he'll be putting in an order right away. In the meantime, Ledbetter said temporary markings will be placed so family can come and visit their loved ones' graves during the holidays.

"We've had other issues with folks hitting the fence in the past, various parts of the cemetery but nothing like this," Ledbetter said.

"We all work together and we take it personally like it's our loved one's grave site," Wilson said.

We are working to learn more from Dayton Police about the crash, in front of the fence, along Gettysburg Avenue, you can see what appears to be oil spilled from the crash. Absorbant material has been put on top of the oil to clean it up.

The veterans' graves had just been decorated with wreaths as part of the Wreaths Across America.

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8.2 - KPIC (CBS-4): [Miss Oregon USA visits veterans at VA Roseburg Health Care System](#) (22 December, 52k uvm; Roseburg, OR)

ROSEBURG, Ore. -- The Roseburg VA Health Care System had a surprise visit from Toneata Morgan, the current Miss Oregon USA, officials said.

On November 24, Morgan took time out of her busy schedule to stop into the Roseburg VA main campus and visit with veterans in the outpatient clinics.

During her visit, she visited their inpatient veterans who were very happy to receive a surprise guest, the VA said in a news release.

On December 18, Morgan visited the North Bend clinic to say hello to veterans and give a simple thank you for their service.

She plans on visiting both the Eugene and Brookings clinics in the future.

"The visits with our veterans was intended to be more personal and a surprise," the VA said. "Ms. Morgan has two platforms that she is running this year as she holds the title of Miss Oregon and will be running for Miss USA this coming summer. Oregon is well known for having a veteran-centric community but she wants to expand this even more for veteran awareness. She has a special connection to veterans as he father was a recipient of the Purple Heart Award. The other platform she is choosing to tackle is that of bullying and the increasing issues with our youth."

During her visits to the two sites, she asked not just how they were doing and thanking them for their service, but asked how they were being treated.

"With smiles, the veterans she spoke to all said they received great care from the VA and even mentioned some staff by name saying how wonderful they were," the VA said. "Ms. Morgan also left many of our veterans with a personalized and autographed photo for them to remember the visit. We are looking forward to her upcoming visits and welcome her with open arms."

For more images, visit the VA Roseburg Health Care Facebook page.

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From: (b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 29 December Veterans Affairs Media Summary and News Clips

Date: Fri Dec 29 2017 04:16:19 CST

Attachments: 171229_Veterans Affairs Media Summary and News Clips.docx
171229_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.10678.414079-000001

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Last Modified: Fri Dec 29 04:16:19 CST 2017



Veterans Affairs Media Summary and News Clips

29 December 2017

1. [Top Stories](#)

1.1 - FOX News (The Ingraham Angle, Video): [Understanding the role of the inspector general](#) (28 December, 32.5M uvm; New York, NY)

This five-minute video clip features an interview with VA OIG Michael Missal about the role of Inspectors general in the oversight of Department operations. Video description: Veterans Affairs Inspector General Michael Missal provides insight on 'The Ingraham Angle.'

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Bed Bugs Force Closure of Urgent Care at Veterans Center](#) (28 December, 24M uvm; Washington, DC)

Bed bugs have forced the closure of the urgent care clinic at a troubled New Hampshire veterans medical center. New Hampshire Public Radio reports the clinic closed Wednesday after bugs were found in the waiting room and in an exam room at the Manchester Veterans Affairs Medical Center. Hospital director Al Montoya says the situation did not qualify as an emergency and patients were treated at another location.

[Hyperlink to Above](#)

1.3 - WFED (AM-1500, Audio): [David Shulkin: Healthcare partnership could form between DoD and VA](#) (28 December, 831k uvm; Washington, DC)

The future of veterans' healthcare often lies outside of the Veterans Affairs Department's own walls. Secretary David Shulkin and many in Congress want to see more care delivered by local, community networks rather than in large, distant VA hospitals. Shulkin explained on Federal Drive with Tom Temin how VA and the Defense Department could work together.

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2. [Greater Choice for Veterans](#)

2.1 - The Epoch Times: [Year In Review: President Trump's First Year in Office, An increase in America's prosperity and renewed respect around the world](#) (28 December, 3.5M uvm; New York, NY)

Trump delivered on a campaign promise in June when he signed the Veterans Accountability and Whistleblower Protection Act. The act is both imminently practical and highly symbolic. Veterans have complained for years of an unresponsive bureaucracy in the Veterans Administration (V.A.) that doesn't serve their needs, and whistleblowers who attempted to point out the problems have themselves been punished.

[Hyperlink to Above](#)

2.2 - KPBS (PBS-15, Audio/Video): [Rep. Peters On Tax Reform, Yucca Mountain, Healthcare For Veterans](#) (28 December, Brooke Ruth and Maureen Cavanaugh, 278k uvm; San Diego, CA)

Q: As a member of the Veterans Affairs committee, you must be aware of the criticisms of the Veterans Choice program, which was created in an attempt to decrease wait times veterans were encountering at the VA. Do you support expanding health care choice for veterans or increasing funding to the existing VA programs as a way of providing better health care?

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2.3 - Monterey County Herald: [James Herrera, Reporter's Notebook: VA-DOD clinic finally opened in 2017](#) (28 December, James Herrera, 270k uvm; Monterey, CA)

Having been at both the dedication ceremony and the grand opening of the Major General William H. Gourley VA-DOD Outpatient Clinic, 10 months and one retirement apart, I remember former Rep. Sam Farr looking lighter, more vibrant and relaxed than I had ever seen him before. He had a full beard and had the air of "frankly my dear, I don't give a darn" that went along with it.

[Hyperlink to Above](#)

2.4 - Advocate-Tribune: [VA changes coming for local veterans](#) (28 December, Kyle Klausung, 4k uvm; Granite Falls, MN)

Gatz informed the commissioners that several big changes were coming to the department, which she hoped would positively benefit the county. Of particular importance is the proposed expansion of the Choice Program, a federal program that connects veterans with private medical providers in the event they cannot receive treatment from a VA center within 30 days of submitting a request.

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3. [Modernize Our System](#)

3.1 - MobiHealthNews: [Q4 Provider roundup: Telemedicine on the rise, AR and VR integrate at hospitals](#) (27 December, 188k uvm; New York, NY)

In December Potentia Lab, a behavior changing technology platform, announced that it had won a contract with the Department of Veterans Affairs' Center for Innovation to develop its e-learning platform for veterans living with PTSD. The company's approach to treating PTSD uses positive psychology. Many veterans go to therapy once but don't go back, said David Milner, cofounder of the company. That is where Potentia Labs comes in. The platform teaches users how to build up skills like resilience and optimism, which have been associated with wellbeing.

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4. [Focus Resources More Efficiently](#)

4.1 - The Roanoke Times: [Family brings a bit of Christmas to veterans](#) (29 December, 1.5M uvm; Roanoke, VA)

Giles County resident Helen Beavers, daughter Lisa and granddaughters Sydney and Emily delivered 1,800 Christmas cards to the VA Hospital in Salem this year. Cards were donated by Peaks of Otter Daughters of the American Revolution, Captain Sally Tompkins United Daughters of the Confederacy and Walmart of Pearisburg.

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4.2 - WKMG (CBS-6): [Orlando VA Medical Center doctor accused of DUI suspended, Report shows ophthalmologist was under influence of Rx drugs](#) (28 December, Emilee Speck, 1.1M uvm; Orlando, FL)

An Orlando Veteran Affairs Medical Center doctor has been suspended after Florida Highway Patrol troopers said he was involved in a crash and is accused of driving under the influence of prescription drugs. Charles Young, 66, was involved in a crash Tuesday morning on Narcoossee Road at Emerson Lake Boulevard with another vehicle, FHP troopers said.

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4.3 - Salisbury Post: [More than 1,300 Cards for a Cause delivered in Rowan Public Library program](#) (29 December, 159k uvm; Salisbury, NC)

Rowan Public Library's Cards for a Cause campaign collected more than 1,300 cards to be delivered to military service members and veterans this year. The total well exceeds the library's goal of 1,000 cards. Each library branch — Headquarters (Salisbury), East (Rockwell), and South Rowan Regional (China Grove) — had stations set up for card-making and delivery, and all ages were invited to participate.

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4.4 - KDLT (NBC-46): [Three Women Retire From The VA After Over 30 Years](#) (28 December, Joe Farrell, 54k uvm; Sioux Falls, SD)

Three women that work, and are retiring, at the VA Medical Center were deservedly honored after a combined 103 years of service. Ann Nelson, Cindy Khan, and Brenda Stevens, were the three women celebrated. All were crucial in starting programs to help veterans struggling with mental illnesses.

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4.5 - Spectrum News 13: [Orlando VA doctor charged with DUI after crash near medical center](#) (28 December, Julie Gargotta, 300 uvd; Orlando, FL)

An Orlando VA Medical Center doctor was arrested and charged with driving under the influence of narcotics after he crashed a few miles away from the hospital Tuesday, records show. In an arrest report, Florida Highway Patrol troopers said that 66-year-old Dr. Charles Young seemed "lethargic" and "dazed."

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5. [Improve Timeliness of Service](#)

5.1 - WHBQ (FOX-13, Video): [Politicians, whistleblowers react after vet's 'health worsened' while waiting in VA emergency room](#) (28 December, Tony Atkins, 618k uvm; Memphis, TN)

The Memphis VA is investigating after a veteran's health appeared to decline while he was waiting in the ER during the week of Dec. 18. An internal investigation of the incident is underway, the VA said. "He was in our ER and got no help," said Sean Higgins. An Air Force veteran. Higgins was fired from the Memphis VA in July.

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5.2 - KJZZ (NPR-91.5): [Phoenix VA, CVS Partnership Serves 783 Vets Since Launch](#) (28 December, Mariana Dale, 168k uvm; Tempe, AZ)

A pilot program that allows Phoenix Veterans Affairs' clients to get treatment for minor health issues at CVS clinics has served 783 veterans as of Christmas Day. "It's a partnership where we're focused on convenience for veterans," said Phoenix VA Chief of Staff Maureen McCarthy. The pilot program launched in April. She said patients average about 120 a month and report they're happy with the program.

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5.3 - WTAJ (CBS-10, Video): [Rural veterans rely on health care program](#) (28 December, Lindsey Kennett, 192k uvm; Altoona, PA)

Somerset Borough, Somerset County, Pa. - Veterans living in rural parts of Somerset County rely on the Veterans Choice Program at Somerset Hospital to get the medical treatment they need. Tom Joyce, a Vietnam War veteran, is in and out of hospitals and doctors' offices. "I had my neck, my back, my leg. Back again for my arm, back again for my leg and my back," said Joyce, a retired U.S. Army veteran of the 101st Airborne Division.

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5.4 - Medical Marketing & Media: [VA reaches out to agencies about recruitment campaign](#) (28 December, Alison Kanski, 139k uvm; New York, NY)

The Department of Veterans Affairs is gathering information for a possible marketing and advertising RFP focused on recruiting healthcare professionals to VA hospitals and clinics. The VA is looking to conduct a nationwide recruitment marketing campaign to attract candidates from certain medical occupations, maximize VA exposure, and foster a positive awareness of VA. The federal department issued the request for information (RFI) at the end of November.

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5.5 - WTOK (ABC-11, Video): [Man's best friend could speed healing at VA](#) (28 December, Kyle Midura, 67k uvm; Meridian, MS)

About one out of every five veterans returns home with invisible wounds of war. An Ohio representative argues assuming command over a four-legged friend could be a key to improving the recovery of struggling veterans. At holiday parties and among friends, former Army Ranger Nick Starling found himself constantly on high-alert. Starling suffers from hyper-vigilance, a symptom of post-traumatic stress disorder and his tours in Iraq.

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[6. Suicide Prevention](#)

6.1 - Healio: [Study to examine suicide risk factors among veterans](#) (28 December, 582k uvm; Thorofare, NJ)

In collaboration with America's Warrior Partnership and The Bristol-Myers Squibb Foundation, researchers from University of Alabama will conduct a 4-year, \$2.9 million study to assess risk factors related to suicide, early mortality and self-harm among military veterans.

[Hyperlink to Above](#)

[7. Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WBTV (CBS-3, Video): [Veteran gets home through VA program after WBTV investigation](#) (28 December, Nick Ochsner, 319k uvm; Charlotte, NC)

A once-homeless veteran has a home of his own, months after a WBTV investigation questioned why the US Department of Veterans Affairs refused to offer the veteran further assistance. In September, WBTV first talked with Greg Armento. At the time, Armento was being made to leave a long-term living facility for homeless veterans operated by an Asheville charity.

[Hyperlink to Above](#)

7.2 - Shore News Today: [Brigantine Polar Bear Plunge benefits Fisher House Foundation](#) (28 December, Ray Schweibert, 58k uvm; Marmora, FL)

As a U.S. Air Force veteran and spouse of a retired U.S. Navy lieutenant commander, Gonzalez's passion for what the Brigantine Polar Bears are doing runs deep. And as the chairwoman of the Fisher House Peer to Peer fundraising initiatives — who will be joined by other Fisher House staff members at Monday's plunge — her gratitude for what participants in the event are doing runs even deeper.

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7.3 - Leader Publications: [Scouts place wreaths at Western Reserve National Cemetery](#) (28 December, 35k uvm; Fairlawn, OH)

Members of Norton Boy Scout Troop 132 and Cub Scout Pack 3132, both sponsored by Johnson United Methodist Church, were among the hundreds of volunteers who helped to place over 14,000 wreaths at the graves of veterans in Western Reserve National Cemetery during Wreaths Across America Day Dec. 16.

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8. [Other](#)

8.1 - WFED (AM-1500): [A thank you to the year's radio guests](#) (28 December, Tom Temin, 831k uvm; Washington, DC)

Twice I've interviewed Veterans Affairs Secretary David Shulkin. The most recent piece aired this week. I haven't met Shulkin in person, but he comes across impressively. He's prepared. He doesn't wander off topic. He's polite, but not one for chit chat. He gives the sense he'll leave VA better than he found it.

[Hyperlink to Above](#)

8.2 - Portsmouth Daily Times: [Chillicothe VA and Shawnee State University Receive State Association Award](#) (28 December, Jenni Dovyak-Lewis, 72k uvm; Portsmouth, OH)

The Chillicothe VA Medical Center and Shawnee State University's Master of Occupational Therapy (MOT) students partnered with the Area Agency on Aging District 7 (AAA7) Regional Long-Term Care Ombudsman Program (RLTCOP) and the AAA7 Department of Community Services to provide the Music and MemorySM program to Ohio's veterans, their caregivers, and others with cognitive impairment in home and community-based care settings.

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1. [Top Stories](#)

1.1 - FOX News (The Ingraham Angle, Video): [Understanding the role of the inspector general](#) (28 December, 32.5M uvm; New York, NY)

This five-minute video clip features an interview with VA OIG Michael Missal about the role of Inspectors general in the oversight of Department operations. Video description: Veterans Affairs Inspector General Michael Missal provides insight on 'The Ingraham Angle.'

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1.2 - U.S. News & World Report (AP): [Bed Bugs Force Closure of Urgent Care at Veterans Center](#) (28 December, 24M uvm; Washington, DC)

MANCHESTER, N.H. (AP) — Bed bugs have forced the closure of the urgent care clinic at a troubled New Hampshire veterans medical center.

New Hampshire Public Radio reports the clinic closed Wednesday after bugs were found in the waiting room and in an exam room at the Manchester Veterans Affairs Medical Center.

Hospital director Al Montoya says the situation did not qualify as an emergency and patients were treated at another location. The hospital's pest control contractor hasn't responded to requests for comment.

The state's only veterans hospital came under scrutiny after a Boston Globe report in July revealed allegations of substandard care. Doctors had described a fly-infested operating room, surgical instruments that weren't always sterilized and patients not properly treated.

A task force has been formed to recommend changes at the facility.

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1.3 - WFED (AM-1500, Audio): [David Shulkin: Healthcare partnership could form between DoD and VA](#) (28 December, 831k uvm; Washington, DC)

The future of veterans' healthcare often lies outside of the Veterans Affairs Department's own walls. Secretary David Shulkin and many in Congress want to see more care delivered by local, community networks rather than in large, distant VA hospitals. Shulkin explained on Federal Drive with Tom Temin how VA and the Defense Department could work together.

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2. [Greater Choice for Veterans](#)

2.1 - The Epoch Times: [Year In Review: President Trump's First Year in Office, An increase in America's prosperity and renewed respect around the world](#) (28 December, 3.5M uvm; New York, NY)

President Donald Trump's first year in office can perhaps be best summed up with a promise he made during his inaugural address.

"We are transferring power from Washington, D.C., and giving it back to you, the people," Trump said.

This belief—that power belongs to the people—has been a guiding thread through his presidency so far.

Trump has sharply decreased government regulation, while simultaneously seeking to empower Americans with more wealth and independence.

He has promoted American's freedoms and basic rights, such as religious freedom, and worked to bring the government back in line with the powers given it by the Constitution.

The strategy is working: Unemployment levels are now the lowest since 2000; the stock market is breaking record after record; consumer confidence is at a 17-year-high; and GDP (gross domestic product) growth is at 3 percent, a mark that some economists had recently considered unattainable. With the passing of the tax reform bill this month, economic growth is expected to accelerate even further.

The administration has worked to secure America's borders while simultaneously going after the violent MS-13 gang.

On the world stage, Trump has reasserted America's position as a moral leader and defender of human rights.

He has made it clear that America will no longer accept massive trade imbalances that have hurt American workers and businesses for decades.

Trump has reaffirmed trust with existing allies, like Israel, and forged new alliances in the Arab world to fight terror financing and the spread of Islamic extremism.

He has forged a warm relationship with Chinese leader Xi Jinping, while at the same time taking a strong stance against China's trade abuses and theft of intellectual property.

In Congress, despite severe obstruction from Democratic lawmakers, Trump has seen the confirmation of 19 federal judges who are strict constructionists in their approach to the Constitution.

However, all of this has come at a price.

Those opposing Trump's agenda, including media conglomerates, politicians, and government officials, have actively sought to delegitimize his presidency. Media organizations have resorted to misleading and false reporting. Politicians and government officials have promoted an unproven narrative that Trump colluded with the Russian government to win the election.

However, whether Republican or Democrat, no other president in recent decades has pursued the reform and change of course in regard to the American people that Trump has.

What follows is an overview of some of the president's accomplishments during his first year in office.

[...]

Taking Care of Veterans

Trump delivered on a campaign promise in June when he signed the Veterans Accountability and Whistleblower Protection Act.

The act is both imminently practical and highly symbolic. Veterans have complained for years of an unresponsive bureaucracy in the Veterans Administration (V.A.) that doesn't serve their needs, and whistleblowers who attempted to point out the problems have themselves been punished.

The act makes it easier to fire employees of the V.A.—encouraging greater responsiveness and accountability—and offers safeguards for those who step forward to point out corruption, abuse, waste, and incompetence. It is also a very public declaration to veterans that shortcomings at the V.A. will no longer be tolerated.

This act is one of 19 laws and resolutions the president signed that deal with veterans, along with one executive order and five proclamations.

These measures extend the Veterans Choice Program, which that allows veterans to seek private medical care; provides for third-party reviews of V.A. medical facilities; requires the Department of Veterans Affairs to report prescription data to help track opioid abuse; helps businesses develop apprenticeship programs; awards businesses for hiring veterans; provides grant money to help police departments hire veterans; makes educational benefits available for life; improves the process veterans use to make appeals about their benefits; and funds veteran programs and benefits, among other purposes.

Trump has taken a personal hand in care for our veterans. He spent Christmas Eve making teleconference calls to veterans stationed in Qatar, Kuwait, and Guantanamo Bay, and patrolling the Strait of Hormuz.

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2.2 - KPBS (PBS-15, Audio/Video): [Rep. Peters On Tax Reform, Yucca Mountain, Healthcare For Veterans](#) (28 December, Brooke Ruth and Maureen Cavanaugh, 278k uvm; San Diego, CA)

[...]

Q: As a member of the Veterans Affairs committee, you must be aware of the criticisms of the Veterans Choice program, which was created in an attempt to decrease wait times veterans were encountering at the VA. Do you support expanding health care choice for veterans or increasing funding to the existing VA programs as a way of providing better health care?

A: Well, I think veterans across the country support a robust, healthy VA. That's what we are concentrating on. In some instances where you have a particular procedure that is only done once a month by a specialist, you're not going to hold that particular physician on your staff at the VA. That should be provided in the community and other instances where periodically before you can staff up you might have delays at a particular VA, there ought to be overflow into the community, that's basically what the Choice Program is intended to do and we support that. I wouldn't see it as an either or. I think that there are some people who would like to privatize the VA. I really don't see support for that on either side of the aisle right now. I think the focus is on a Choice Program that's pretty surgical, pardon the expression, about meeting the needs that is doesn't make sense to do inside the VA but with a robust VA to start out with.

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2.3 - Monterey County Herald: [James Herrera, Reporter's Notebook: VA-DOD clinic finally opened in 2017](#) (28 December, James Herrera, 270k uvm; Monterey, CA)

Editor's note: This week Monterey Herald reporters look back on some of the most memorable and important stories they covered in 2017.

Marina >> Having been at both the dedication ceremony and the grand opening of the Major General William H. Gourley VA-DOD Outpatient Clinic, 10 months and one retirement apart, I remember former Rep. Sam Farr looking lighter, more vibrant and relaxed than I had ever seen him before. He had a full beard and had the air of "frankly my dear, I don't give a darn" that went along with it.

It could have been the result of exiting a life of public service on his own terms that gave him a sense of satisfaction, coupled with the feeling that comes with seeing a major project through to the end.

One of the biggest and most visible projects to come out of Marina via the Fort Ord Reuse Plan is the Major General William H. Gourley VA-DOD Outpatient Clinic.

The gleaming, three-story, 150,000-square-foot clinic first broke ground in November 2013 and was hailed as California's first integrated Department of Veterans Affairs and Department of Defense joint health care clinic.

Decades in the making, this undertaking would be a crown jewel for the area, having many local, state, federal and military leaders working to get it built.

But the road to fruition on the over \$100 million project at 201 Ninth St. in Marina was not an easy one. Getting the VA and DOD to work together was a major hurdle. But once Farr started the collaboration between the two agencies and secured the federal funding for the project, it started to take lumbering strides forward.

Farr would work to change rules and laws to move the project forward, including authoring the legislation that was signed into law by then-President Barack Obama to name the health center after Maj. Gen. Gourley.

Gourley was also instrumental in the clinic's development. His interest in designating a section of Fort Ord as a joint clinic for veterans and active duty service members, as well as their families, began when the base closed in 1994.

Having spent part of his military career on the Monterey Peninsula, Gourley returned to Monterey after retiring in 1989 and soon became an active participant in overseeing the restructuring of Fort Ord to civilian use.

He chaired the Monterey Regional Health Development Group and convinced the VA to open a satellite clinic on Fort Ord, which was a precursor to what stands now in Marina: the Gourley VA-DOD Outpatient Clinic.

The modern medical facility had been scheduled to open in 2016 but because of building delays, a dedication ceremony was held instead in October 2016 to honor both Farr and Gourley for their efforts.

Farr had announced in November 2015 that he would not seek re-election and Gourley died in 2008.

About 400 people attended the ceremony, including Gourley's family, who were on hand for the unveiling of the building's nameplate that adorns the building now.

During the dedication ceremony, many acknowledged Farr's leadership and determination as being the catalyst for the clinic's existence.

The clinic's opening would be delayed again in the spring of 2017, this time due to furniture and equipment installation, as well as additional technical and staff training.

But on Aug. 3 the new clinic had its grand opening and started seeing patients about a week and a half later.

For those the clinic serves, it will take some time to get used to the new model of care the facility provides. The previously smaller clinic afforded an atmosphere where veterans felt they could socialize while getting their health care, something the much larger clinic does not foster, they say.

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2.4 - Advocate-Tribune: [VA changes coming for local veterans](#) (28 December, Kyle Klausing, 4k uvm; Granite Falls, MN)

Yellow Medicine County Veterans Officer Michelle Gatz was on hand at this week's Yellow Medicine County Board meeting to update the Commissioners on the national conference on veterans affairs she attended in Washington, D.C. on November 29.

The conference brought together various state and county officials who work on veterans issues. Conference attendees listened to presentations from federal government officials and networked with their counterparts from across the United States.

Gatz informed the commissioners that several big changes were coming to the department, which she hoped would positively benefit the county. Of particular importance is the proposed expansion of the Choice Program, a federal program that connects veterans with private medical providers in the event they cannot receive treatment from a VA center within 30 days of submitting a request.

Gatz said there were concerns that it would be difficult to attract private practice doctors back into the Choice Program, because of prior delays in issuing payment. Another way the VA is working to streamline medical treatment for veterans is by encouraging remote medical appointments. The idea is for patients to meet with a nurse at their regular facility and then connect wirelessly with a specialist who might be located hundreds of miles away.

“This is going to be huge for us,” said Gatz. One possible problem with the plan is the lack of access to broadband in rural areas of the county. She told the Board that the VA is working with the federal government to expand access to broadband internet, but it might still take years for it to be fully developed. “This concerns me because this is going to be the way of the future,” Gatz said. “Yellow Medicine County vets might not be able to access the program because of poor connection.”

Gatz also told the Board that the VA is working on eliminating federal regulations that slow down the building of new housing for veterans. Currently, VA certified nursing homes are required to undergo 2 annual inspections, one the state and another from the federal government. According to Gatz, nursing homes in Canby and Granite Falls are not certified in part because their staff is unable to meet the demands of this regulation (Clarkfield is the only VA certified nursing home in the immediate area).

The VA is exploring whether or not to consolidate the inspections into an annual one time requirement. Gatz said this will help allow more nursing homes to help local veterans. “Everybody is in consensus that this would be a huge thing for everybody across the board,” Gatz told the Board.

Gatz is optimistic that there will be more progress in the area of apprenticeship programs to ease the transition into the workforce. She said the VA is working to expand these job training programs, which tend to help younger vets.

Reflecting on all of the new changes coming for 2018, Gatz said that she is excited; “I’m anxious to see what happens next.”

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3. Modernize Our System

3.1 - MobiHealthNews: Q4 Provider roundup: Telemedicine on the rise, AR and VR integrate at hospitals (27 December, 188k uvm; New York, NY)

This quarter, hospitals and clinics continued to integrate digital health into their practice, using it to engage and treat patients, as well as improve hospital workflows. Telehealth continues to be a growing field. More healthcare providers have expressed interest in expanding their telehealth offerings, according to the Foley survey. Hospitals have also started to integrate augmented and

virtual reality programs into their models to help the patient experience, particularly for their youngest patients. Both the US and UK government continue to show interest in expanding their digital health offerings. Read on for a roundup of notable Q4 provider stories.

Once you are finished reading, check out our Q1, Q2 and Q3 roundups.

Telemedicine

Telemedicine continued to rise into the mainstream this quarter as more states created regulations around the practice and professionals begin to discuss the possibility of making it a new specialty.

As new telemedicine players sprout from the woodwork and employers more frequently offer telehealth options to their employees, a new breed of doctors may be needed to match the technology's growing popularity. In an editorial published in JAMA, NewYork-Presbyterian physicians argued that adoption of a new multidisciplinary medical specialty focused on virtual care would best prepare practitioners to the unique challenges of telehealth.

Historically, new specialties have been adopted by the development of new medical technologies and knowledge in care delivery, the authors explained. As medical teams begin to integrate these advancements into a more structured approach, recognition and refinement of the budding discipline grows alongside wider adoption.

The field seems to be rapidly growing and more hospitals are interested in expanding the telemedicine program. The Foley Telemedicine and Digital Health Survey revealed more interest and use of telemedicine amongst health organizations.

In 2014, 87 percent of survey respondents reported that they did not expect most of their patients to be using telemedicine by 2017. However, this year three-quarters of respondents reported that their organization either offers telemedicine options now or plan to offer telemedicine services. Of those, 53 percent said they were looking to expand.

In November the American Health Information Management Association announced the Telemedicine Toolkit. AHIMA said that hospitals and practices can use the new toolkit to assess potential opportunities relating to their particular needs and to analyze documentation, legal, and reimbursement practicalities ahead of establishing a telehealth program.

This quarter also saw the introduction of a new way for clinicians to find jobs working in telemedicine. Nomad Health's online freelance marketplace for healthcare professional staffing now includes postings for telehealth positions alongside traditional healthcare roles. With the updated service, doctors interested in telehealth practice will be able to view and apply to open position listings from several telehealth service providers, including American Well and First Stop Health.

Not only does telemedicine seem to be expanding, it is also being bouyed by continued improvements in state regulations. A slew of states are rolling out or modifying their laws to better define regulatory frameworks specifically affecting remote delivery of care. In fact, every state but Connecticut and Massachusetts has made substantive legal changes to how telehealth is delivered in the past year, with some taking specific actions to better define the path of mental health-focused treatment, according to recent data on telemental regulations released by healthcare and life sciences firm Epstein Becker Green.

AI, VR and more

Virtual reality, artificial intelligence, and augmented reality are quickly becoming common tools used for healthcare providers to treat and engage patients.

AR is now available to some of the youngest patients at Alder Hey Children's Hospital in Liverpool, UK. The hospital recently launched a new augmented reality tablet app to entertain, educate and distract the hospital's young children. Children can choose an animated avatar who will appear on the app as they visit different parts of the hospital and offer them entertainment, information, and support as well as challenges they can complete to unlock new content.

Using augmented and virtual realities seem to be a trend in pediatric medicine. Los Angeles Children's Hospital hosted a study that was aimed at using VR to help kids feel less anxious in a hospital. The study published in October, gave kids VR headsets as their blood was being drawn. Researchers found that using VR significantly reduced acute procedural pain and anxiety in patients compared to using the standard of care. The study also found that patients who reported being more fearful of physiological sensations related to anxiety benefited more from the VR treatment.

But it isn't just kids who may see the benefits of virtual experiences. Service members unwilling to open up about their PTSD in person may be more likely to speak with computer-generated virtual interviewers, research published this quarter suggests. Due to their anonymity and rapport-building capabilities, these virtual interviewers could be uniquely positioned to break through soldiers' fears of discrimination and career-affecting stigma and improve mental health care.

One population that is seeing the benefits of AI is seniors. This quarter multiple companies have developed AI products for seniors living with loneliness.

For example, Accenture completed a pilot program in the UK, which uses its artificial intelligence platform to help seniors manage their care and daily lives. The technology was developed by Accenture Liquid Studio in London and is tailored for older people living independently. It can learn users' behaviors and preferences and suggest activities to support their physical and mental health.

The platform runs on the Amazon Web Services cloud and includes a portal that lets family members and caregivers check on the individual's daily activities. The platform can also help spot abnormalities in the user's behavior, such as a missed medication, then alerts family and friends.

AI is also being used to help monitor seniors at risk of falls or other safety issues. CarePredict — a Fort Lauderdale, Florida-based company that sells a senior monitoring platform comprised of networked wearables and data-driven diagnosis prediction — has announced that will be deploying its system in LifeWell Senior Living's newly established aging and memory care facility in Santa Fe, New Mexico, The Legacy. This will be the third LifeWell facility in which the CarePredict Tempo system will be used to track residents' behaviors and alert caretakers to potential declines or emergencies.

Care coordination

Purpose built messaging devices were a hot topic at the Healthcare Messaging Conference and Exhibition at Harvard Medical School in November. In recent years pagers have gone out of vogue as more and more hospitals have adopted smartphone messaging systems to communicate. But while "bring your own device" (BYOD) was once the trend, hospitals are increasingly moving toward hospital-owned, purpose-built smartphones.

One of the adopters of purpose built messaging was the medical team at Asheville, North Carolina-based Mission Health. The system reported a significant increase in the ability to locate staff across fields after a hospital messaging system was implemented. Before the pilot study, only 31 percent of caregivers reported that they were satisfied with being able to locate an RN. That number increased to 79 percent after the study was deployed. Similar results were found in satisfaction with locating CNAs, which increased from 25 percent to 78 percent satisfaction. Now Mission Health now plans on expanding the system to the rest of the enterprise.

Hospitals across the country have expressed interest in using staff members time more efficiently. Using wearable sensors, researchers at the University of Missouri have developed a new method for tracking how nurses in the intensive care unit (ICU) spend their shifts.

The method uses a Near Field Electromagnetic Ranging (NFER) system, where nurses wear nonintrusive sensors during their shift. Routers placed around the unit track the devices worn by the nurses so researchers can see what nurses are doing in real-time.

But it isn't just about improving workflow; many of the new coordination products are expected to directly impact patients. For example, Argentinian ambulance doctors are using WhatsApp to fast track their patients' care. Study data presented at the Argentine Congress of Cardiology's 2017 conference suggests that using the free messaging app to send diagnostic electrocardiograms (ECGs) directly to a hospital's catheterization lab allowed heart attack patients to bypass the emergency department and reduce mortality.

Innovation

Several hospitals and accelerators have designed their own schemes to further digital health.

Pulse@MassChallenge, the pre-series B digital health startup accelerator that launched last year with the backing of the Commonwealth of Massachusetts and a number of industry supporters, announced the 32 startups in its second class in December. Pulse works a little differently than many other accelerators. It takes no equity in the startups and doesn't accept startups unless a major healthcare stakeholder wants to work with them as a "champion" in a relationship that's half mentorship, half pilot program.

Director Nick Dougherty said the biggest difference between the inaugural year and this year is that not only are champions working with startups, but that also some of them are working with each other on projects, including a collaboration between Boston Children's Hospital and Cerner as well as another between Campbell's and AARP. This year's class includes a number of startups focusing on the opioid epidemic, senior health and diabetes management.

Cedars-Sinai Medical Center's has also been expanding its accelerator program. In December the third accelerator class held its demo day as the 10 companies announced a slew of pilots, deployments, and other deals. Nine out of the 10 companies has a pilot or commercial deal with Cedars-Sinai itself, but a number of companies also have deals with other hospitals, payers, or

pharma companies. One, Tasso, has a \$6 million grant contract with the Department of Defense. Tasso's Hemolink is a wearable, minimally invasive device that lets patients collect blood samples at home. Other startups include CancerAid, an app for cancer patients and Aiva's Amazon Alexa skill for hospital-bound patients.

Finally, in October the Thrive Innovation Center in Louisville, Kentucky opened. The Center is a nonprofit dedicated to showcasing new aging in place technologies in partnership with tech companies like Samsung, CDW Healthcare, Lenovo, and Aruba, as well as a number of aging tech startups. Louisville is a hub for senior care and home care companies, including Humana, Kindred Healthcare, Signature Healthcare, and Atria Senior Living. The Thrive Center will serve as a sort of show room for new aging in place technologies for those caregivers.

Training tools

A number of new products targeted at training new doctors or helping seasoned clinicians polish their skills were introduced this quarter.

A new video game aims to help emergency room doctors figure out the level of care needed for different patients. Doctors who played the video game were less likely to under-triage patients than their peers who were given traditional didactic educational tools, according to a new trial led by the University of Pittsburgh School of Medicine. The study, published in the British Medical Journal, found that doctors who played the video game under-triaged 53 percent of the time, compared to didactically trained physicians who under-triaged 64 percent of the time.

In November the FDA cleared EndoVantages' SurgicalPreview, a cloud-based computer modeling platform that lets surgeons upload individual patient's CT scans and then creates a 3D model of the brain with anatomical measurements. The new tool is expected to help doctors choose the precise size of the device for a patient's artery and how to place it correctly. The tool enables clinicians to view stent strategies, calculate aneurysmal volume and neck size and view stent delivery and placement.

Digital tools are also helping medical and healthcare students. A study of a new web-based tool called Learning Moment, which helps medical students track their learning experiences while on rotation, revealed that the most student learning happens in patients' rooms. The tool was developed by clinicians at Boston Medical Center (BMC) and BU School of Medicine to help students reflect on their experiences and share their learning with peers.

Additionally, Johnson & Johnson subsidiary Ethicon and Touch Surgery launched a Virtual Residency Program for surgery students, a new use case for the simulated surgery app launched last fall. The program pre-launched in April and currently has 75 organizations enrolled.

The iOS app takes users through a variety of more than 150 simulated surgical procedures. With realistic 3D rendering, the user can cut, stitch, implant and anything else required, with instructions popping up as they go. The idea is to increase surgical skills globally, especially in areas where access to surgical procedures is poor. For medical students in places even with robust medical schools and training, the app allows for them to practice a complicated surgery or get a preview of what a particular surgery will look like before they actually see it in person.

But it isn't just medical students benefiting from the new digital tools. Researchers at the University of Massachusetts Lowell are currently developing a "virtual child" for professionals

and students working with kids living with autism spectrum disorder. The learning tool will allow these caregivers an opportunity to practice behavioral interventions outside of a real-world situation.

US and UK news

This quarter the UK continued to jump into the digital health game, this time in the North of England. In November the National Health Service Trusts located in England's North East region announced a partnership focused on broadened implementation of digital health strategies. NHS Health Call was initially established by the County Durham and Darlington NHS Foundation Trust, and relied on technologies developed by Harrogate, England-based remote patient monitoring company Inhealthcare. The Trust has now awarded shares in Health Call to five neighboring NHS acute trusts located in the North East in return for active participation in the digital health initiative.

Also in the UK, a new pilot program aims to use telemedicine to improve care during long ambulance rides. In rural Scotland ambulance rides can take as long as four or five hours. Those hours spent in the ambulance are critical, said Neil Fraser, director of space and communications at ViaSat UK.

Global broadband service and technology company ViaSat, announced that it will be partnering with The University of Aberdeen's Centre for Rural Health, NHS Highland, and the Scottish Ambulance Service to pilot a program called SatCare which allows paramedics to send high-resolution videos and ultrasound images from ambulance to hospital based medical experts before the patient arrives.

Meanwhile, the US government seems to be focusing on giving digital health tools to their veteran and military population.

In December Potentia Lab, a behavior changing technology platform, announced that it had won a contract with the Department of Veterans Affairs' Center for Innovation to develop its e-learning platform for veterans living with PTSD. The company's approach to treating PTSD uses positive psychology. Many veterans go to therapy once but don't go back, said David Milner, cofounder of the company. That is where Potentia Labs comes in. The platform teaches users how to build up skills like resilience and optimism, which have been associated with wellbeing.

Additionally, in November the VA announced that Veterans struggling with speech or cognitive disorders will now be able to access therapy through Constant Therapy, a mobile app that provides supplemental coaching and motivation to patients. Veterans eligible for speech or cognitive therapy through the US Department of Veterans Affairs will now be able to use the app for free.

The app is part of the Newton, Massachusetts-based company The Learning Corp. It was developed in 2012 by Boston University Professor Swathi Kiran, who is a specialist in aphasia. She came up with the idea for the app when working with patients and noticed that they could use a tool that combined technology with communication therapy. The app itself launched in 2014 and uses a tool called the NeuroPerformance Engine to gauge a person's strengths and weaknesses.

Research

Researchers at the Mayo Clinic found that using emojis instead of the traditional emotional scales helped assess patients' physical emotional and overall quality of life. The abstract, which was presented at the American Society of Hematology, also found that patients preferred using iPhones and Apple Watches to track outcomes and activity, and that technology was key in collecting study data accurately.

Encouraging patients to help write and add notes to their personal medical charts -- a task typically handled only by medical professionals -- may help patients feel more involved with their own care and improve relationships with their doctors, another study found. In research published in the *Annals of Internal Medicine*, doctors at UCLA Health and Beth Israel Deaconess Medical Center found that patients could benefit if they are invited to co-produce medical notes, called "OurNotes," with their doctors, rather than merely reading them. The practice may also benefit doctors by reducing time spent on documentation.

Finally, voice recognition technology employed by Google Assistant, Google Home, and Google Translate could soon become a transcription tool for documenting patient-doctor conversations. In a recent proof of concept study, Google researchers described their experiences developing two automatic speech recognition (ASR) methodologies for multi-speaker medical conversations, and concluded that both models could be used to streamline practitioners' workflows.

Wearables

The Apple Heart Study, an Apple Watch-based ResearchKit study using the heart rate sensor to look at potential arrhythmias, launched in November, the Cupertino tech giant told MobiHealthNews. Apple Chief Operations Officer Jeff Williams announced the study, which is being conducted in collaboration with Stanford University and with assistance from American Well, at Apple's iOS 8 launch event in September.

The Apple Watch may also soon help patients with major depressive disorder (MDD) record their symptoms easily and accurately. Results from a Cognition Kit study presented at the CNS Summit Meeting in Boca Raton, Florida, suggest that brief cognitive and mood tests administered through the devices obtained results similar to those collected through standard testing and patient assessments.

Using Fitbits to track patients' activity after cancer surgery could be key to predicting readmission rates, according to new study published in *Annals of Behavioral Medicine*. Researchers found that patients who were more active during inpatient recovery had a lower risk of 30-day and 60-day readmission after surgery for metastatic peritoneal cancer.

The study went on to say that using Fitbit and other wearable monitoring devices could help clinicians improve postoperative care.

Finally, Fitbit's wearables are at the heart of recent announcements from diabetes self-management platform One Drop and the City of Santa Monica's Office of Civic Wellbeing. The first reveals an upcoming integration that will allow users to view Fitbit device data from within the One Drop Mobile app, while the latter describes a public health initiative that will provide residents of the city with Fitbit's Alta device.

One Drop will allow users to sync Fitbit data with their diabetes management app to easily view physical activity, sleep, and heart rate metrics. The data will also be incorporated into One Drop

reports, offering physicians and owners of the service's "Expert" and "Professional" versions another view of their personalized data. Further, the One Drop will begin to integrate these data into its own analytics, a move that the company says could pay off with new insights into physical activity and its impact on blood glucose levels.

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4. [Focus Resources More Efficiently](#)

4.1 - The Roanoke Times: [Family brings a bit of Christmas to veterans](#) (29 December, 1.5M uvm; Roanoke, VA)

Giles County resident Helen Beavers, daughter Lisa and granddaughters Sydney and Emily delivered 1,800 Christmas cards to the VA Hospital in Salem this year. Cards were donated by Peaks of Otter Daughters of the American Revolution, Captain Sally Tompkins United Daughters of the Confederacy and Walmart of Pearisburg.

Some "elves" of Giles County assisted in signing the cards, including most school students and the 4-H unit directed by Sarah Pratt. This is the second annual project of offering Christmas cards for veterans.

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4.2 - WKMG (CBS-6): [Orlando VA Medical Center doctor accused of DUI suspended, Report shows ophthalmologist was under influence of Rx drugs](#) (28 December, Emilee Speck, 1.1M uvm; Orlando, FL)

ORLANDO, Fla. - An Orlando Veteran Affairs Medical Center doctor has been suspended after Florida Highway Patrol troopers said he was involved in a crash and is accused of driving under the influence of prescription drugs.

Charles Young, 66, was involved in a crash Tuesday morning on Narcoossee Road at Emerson Lake Boulevard with another vehicle, FHP troopers said.

The other driver accused Young of slamming into the back of his car while he had two small children in the back seat, according to the report.

Troopers spoke with Young after the crash and said he was "lethargic, and appeared to be in a daze," according to the FHP arrest report.

After Young performed poorly during a walk-and-turn test and a one-leg stand test, troopers placed him under arrest at 9:54 a.m., they said.

A chemical analysis of Young's urine sample revealed that he was under the influence of several prescription drugs, including a painkiller and a central nervous system depressant, also known as a sedative, according to the arrest report.

CNS depressants are often used to treat anxiety or sleeping disorders, according to the U.S. Food and Drug Administration.

Young has been employed as an ophthalmologist with the Orlando VA Medical Center since March 2008, a center spokeswoman confirmed.

Orlando VA Medical Center public affairs officer Heather Frebe said Young's employer was aware of the arrest and investigating the incident "to include determining if this was a medical, alcohol, or substance abuse issue."

"The Orlando VA Medical Center takes very seriously any allegations of alcohol or substance abuse among its clinicians," Frebe said. "Appropriate action – up to and including termination – will be pursued if warranted."

Young's clinical privileges have been suspended until after the investigation and a clinical case review is complete, Frebe said.

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4.3 - Salisbury Post: [More than 1,300 Cards for a Cause delivered in Rowan Public Library program](#) (29 December, 159k uvm; Salisbury, NC)

SALISBURY — Rowan Public Library's Cards for a Cause campaign collected more than 1,300 cards to be delivered to military service members and veterans this year.

The total well exceeds the library's goal of 1,000 cards. Each library branch — Headquarters (Salisbury), East (Rockwell), and South Rowan Regional (China Grove) — had stations set up for card-making and delivery, and all ages were invited to participate.

Patrons, staff members and community groups including churches and arts groups contributed. Schools including China Grove's Millbridge Elementary and China Grove Elementary also participated.

"It means a lot to them at the recruiting offices and in the military that this area — this community — is so supportive," said Tammie Foster, East Branch children's library associate and the Cards for a Cause coordinator.

The campaign means a lot to many family and friends of service members, Foster said. She remembers one East branch patron who made a card while visiting the library.

"She had a family member serving overseas and told us that it made her feel good to participate in the program," Foster said.

The response warms the hearts of staff members, too, she said.

"It makes me feel good seeing our patrons come in and create a card helping those who can't be home for the holidays," said Foster.

"I have been so moved by the way our community has jumped at the opportunity to spread joy and holiday cheer to service members and veterans," added Emma Rose, East Branch supervisor.

Cards for a Cause began in 2015 at the suggestion of East Branch page Holly Shue. Shue's parents are Navy veterans, and she wanted to do something for those serving away from home. That first year, about 230 cards were collected for Air Force members. In 2016, more than 800 cards were delivered to Air Force members serving both stateside and internationally, with cards going as far away as Afghanistan.

Cards were also submitted for veterans, so this year, Cards for a Cause expanded to add the W.G. Hefner Veterans Affairs Medical Center in Salisbury as a delivery designation.

Cards for a Cause will return next fall.

"It's heartening to see the community response increasing," said Laurie Lyda, South Rowan Regional library supervisor. "I'd love to see us collect even more cards in 2018."

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4.4 - KDLT (NBC-46): [Three Women Retire From The VA After Over 30 Years](#) (28 December, Joe Farrell, 54k uvm; Sioux Falls, SD)

SIOUX FALLS, S.D.- Three women that work, and are retiring, at the VA Medical Center were deservedly honored after a combined 103 years of service. Ann Nelson, Cindy Khan, and Brenda Stevens, were the three women celebrated. All were crucial in starting programs to help veterans struggling with mental illnesses. Ann Nelson started the "adaptive sports program", which helps veterans gain skills and confidence through sports.

"Providing opportunities for quality of life improvement, and no, i feel so honored to get to work with them, and provide them with some positive opportunity", Nelson states. For her, it was all about working to help those veterans, and she considers it an honor to have worked with them.

Nelson plans to continue her work at the VA Medical Center in Sioux Falls as a volunteer. Nelson worked there for 34 years with the same supervisor, office, and title.

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4.5 - Spectrum News 13: [Orlando VA doctor charged with DUI after crash near medical center](#) (28 December, Julie Gargotta, 300 uvd; Orlando, FL)

An Orlando VA Medical Center doctor was arrested and charged with driving under the influence of narcotics after he crashed a few miles away from the hospital Tuesday, records show.

In an arrest report, Florida Highway Patrol troopers said that 66-year-old Dr. Charles Young seemed "lethargic" and "dazed."

He crashed his car into another vehicle before 9 a.m. at the corner of Narcoossee and Tyson roads in the Lake Nona area, shortly after a trooper said he spotted Young driving down Tavistock Lakes Boulevard, then hit a curb and keep driving.

The accident happened a day after Young's birthday 3 miles away from the medical center, where the Department of Veterans Affairs confirmed that Young has worked as an ophthalmologist there for almost a decade.

According to the arrest report, the other driver involved in the collision said that, "[Young] just slammed into the back of me and I have two small children in the back seat," adding, "He could've killed us." The report said there were no injuries from the crash.

Young performed "poorly" on field sobriety tests, according to troopers, but was not drunk, passing a Breathalyzer test.

An FHP dashboard-camera video shows troopers administering the test to Young.

"I want you to follow it with your eyes only and do not move your head," a trooper is heard saying.

Soon after, a trooper says, "Turn around. I'm going to place you under arrest."

The FHP determined that the doctor was under the influence of a depressant and narcotic pain medication and charged him with DUI and damaging property.

The VA would not comment on whether Young reported to work under the influence or whether they made him leave after arriving.

It released a statement:

"We are aware of the arrest and are investigating this matter fully, to include determining if this was a medical, alcohol or substance abuse issue. The Orlando VA Medical Center takes very seriously any allegations of alcohol or substance abuse among its clinicians. Appropriate action — up to and including termination — will be pursued if warranted. Any physicians or health care providers charged with a legal infraction involving substance abuse immediately have their clinical privileges suspended until the matter is settled, and a clinical case review is completed.

Dr. Charles Young is an ophthalmologist with the Orlando VA Medical Center and he has been employed since March of 2008."

A few hours after his arrest, Young bonded out of jail for \$1,000. According to court records, he has an arraignment hearing on Jan. 10.

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5. Improve Timeliness of Service

5.1 - WHBQ (FOX-13, Video): [Politicians, whistleblowers react after vet's 'health worsened' while waiting in VA emergency room](#) (28 December, Tony Atkins, 618k uvm; Memphis, TN)

The Memphis VA is investigating after a veteran's health appeared to decline while he was waiting in the ER during the week of Dec. 18.

An internal investigation of the incident is underway, the VA said.

"He was in our ER and got no help," said Sean Higgins. An Air Force veteran.

Higgins was fired from the Memphis VA in July. He said his fight with the VA isn't just about him, it's also about other veterans as well.

"I don't have an axe to grind with [the] VA," Higgins said. "My problem is I want change for the veterans because we deserve better."

FOX13 broke the story on Wednesday. The VA confirmed they were investigating.

"I'm always in shock, but I'm not surprised," Higgins said.

A ribbon cutting was held for the same ER several weeks prior by VA director David Dunning and Congressman Steve Cohen.

A rep for Cohen gave FOX13 this statement:

"Congressman Cohen will be talking to Director David Dunning about this incident and about personnel levels at the E.R."

Another Tennessee congressman, Phil Roe (R-Tenn.), is aware of the incident as well. Roe is the chairman of the House Committee on Veterans' Affairs. In a statement, a representative said the committee is requesting more information from the VA.

In a statement from the Memphis VA's Medical Center Director David Dunning:

"The Memphis VA Medical Center is aware of a Veteran whose health condition appears to have worsened while waiting to be seen last week in our emergency room. We are communicating with the Veteran's family and following the Veteran's progress. We are currently conducting an internal review and will take appropriate action if warranted."

FOX13 took a look at another hospital's protocol when dealing with ER patients. Baptist breaks their triage in to five parts:

Level 1: Patients have life-threatening injuries or illnesses that require immediate attention.

- Examples: Cardiac arrest, respiratory arrest, baby that is limp or unresponsive

Level 2: Patients require very urgent treatment. The condition of patients with these types of serious illnesses or injuries may deteriorate, or the patient may suffer long-term problems if not treated as quickly as possible.

- Examples: Active chest pain, signs of stroke, suicidal tendencies

Level 3: Patients have conditions that are not immediately life threatening and likely will not deteriorate during a wait, but will require two or more resources from hospital departments other than the ER.

- Examples: Abdominal pain, lower leg pain, severe headache, irregular heart rate, shortness of breath

Level 4: Patients usually can reasonably wait for treatment at the ER, but will require one resource from another hospital department, such as X-rays.

- Examples: Bone fractures, sore throat and flu symptoms

Level 5: Patients can reasonably wait for treatment at the ER or receive treatment at a Baptist Minor Medical Center or a physician's office and will require no additional resources outside of an exam and prescription in the ER.

- Examples: Allergic reactions with no signs of shock and small cuts that require stitches.

FOX13 is still working to confirm the identity of the veteran who sat in waiting and to learn their current condition. Also FOX13 is working to learn what the VA plans to do to reprimand the issue.

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5.2 - KJZZ (NPR-91.5): [Phoenix VA, CVS Partnership Serves 783 Vets Since Launch](#) (28 December, Mariana Dale, 168k uvm; Tempe, AZ)

A pilot program that allows Phoenix Veterans Affairs' clients to get treatment for minor health issues at CVS clinics has served 783 veterans as of Christmas Day.

"It's a partnership where we're focused on convenience for veterans," said Phoenix VA Chief of Staff Maureen McCarthy. The pilot program launched in April. She said patients average about 120 a month and report they're happy with the program.

"In a lot of ways it helps the veteran who doesn't have to travel," McCarthy said. "It keeps them out of our emergency room or walking into our urgent care clinics. We're happy to do any of those things for them, but when it's convenient and easy for them and they seem to like it, it seems to be a great satisfier."

McCarthy said veterans frequently go to the clinics for coughs, colds and sinus conditions.

How It Works

Veterans call a VA triage nurse (602-222-6550) and press 3. A nurse will evaluate the patient's symptoms and if applicable, refer them to the nearest eligible MinuteClinic.

"It's patient preference, or veteran preference, if they want to pursue the CVS if they have a condition that is treatable there," said Lynn Schneider, the Phoenix VA's primary care nursing chief.

The line was originally open from 8 a.m. to 4:30 p.m. Monday through Friday, but was expanded in October to include nights, weekends and holidays.

The clinic visits are paid for through the Veterans Choice Program. President Donald Trump signed an emergency funding bill last week to extend its budget through Jan. 19.

"That allows us to have the opportunity to continue to serve veterans either here internally or in the community and to coordinate the care between them."

Lawmakers need to approve a new deal to prevent a government shutdown and fund the Veterans Choice program long term.

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5.3 - WTAJ (CBS-10, Video): [Rural veterans rely on health care program](#) (28 December, Lindsey Kennett, 192k uvm; Altoona, PA)

Somerset Borough, Somerset County, Pa. - Veterans living in rural parts of Somerset County rely on the Veterans Choice Program at Somerset Hospital to get the medical treatment they need.

Tom Joyce, a Vietnam War veteran, is in and out of hospitals and doctors' offices.

"I had my neck, my back, my leg. Back again for my arm, back again for my leg and my back," said Joyce, a retired U.S. Army veteran of the 101st Airborne Division.

Larry Mazer, another Vietnam War veteran, took a bad fall and now attends physical therapy three times a week. Mazer isn't new to rehab: he had to do physical therapy after a back surgery and a hip replacement.

"I had to do like three sessions of therapy," said Mazer, ret. U.S. Army Helicopter Crew Chief.

The Veterans Choice Program at Somerset Hospital allows Mazer and Joyce to get medical treatment without driving hours to VAs in Altoona, Johnstown or Pittsburgh.

Mazer said he would have had to drive nearly 4 hours round-trip from Rockwood to the Altoona VA for physical therapy.

"That would have been for me a little bit costly and a little bit time consuming," Mazer said.

Veterans can qualify for the program if they live more than 40 miles from a VA facility or would have to wait more than 30 days for an appointment.

"A lot of veterans won't get the care they need simply because they don't have transportation," said Amber Cross, the Somerset Hospital patient care liaison.

Somerset Hospital adopted the program two years ago. They've treated more than 400 patients and are expanding their in-patient behavioral health care services.

Funding for the national program was set to run out in January, but the White House administration promised more than \$2 billion to relieve the VA system.

"So many veterans use the VA system and it gets bottlenecked because there aren't enough providers to meet the need of veterans," Cross said.

Joyce said veterans deserve to choose when - and where - they get health care.

"We fought for this freedom we have, we suffer from this freedom that we have. That's why we're in the health system. If [the VA] do[es]n't provide the service, you have every right and opportunity to go through the choice program," said Joyce.

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5.4 - Medical Marketing & Media: [VA reaches out to agencies about recruitment campaign](#) (28 December, Alison Kanski, 139k uvm; New York, NY)

The Department of Veterans Affairs is gathering information for a possible marketing and advertising RFP focused on recruiting healthcare professionals to VA hospitals and clinics.

The VA is looking to conduct a nationwide recruitment marketing campaign to attract candidates from certain medical occupations, maximize VA exposure, and foster a positive awareness of VA. The federal department issued the request for information (RFI) at the end of November.

The campaign could include ads, videos, PSAs, and brochures that promote VA as an employer of choice. The agency would also be required to integrate the VA's recruitment website into the national campaign.

The VA wants to ramp up its recruitment and retention campaigns due to the "expanding shortages in physician specialties, nursing, pharmacy, and other occupations, coupled with an aging workforce," according to the RFI. The VA's medical workforce is nearing retirement age and has a shortage of younger professionals joining it, the RFI explained.

The RFI is not asking for proposals, but for agencies to give the VA a sense of what is required to develop and execute the recruitment campaign and to identify agencies that could provide the services. The RFI submission deadline was last week.

In 2013, the VA tapped Washington, DC, communications shop Barbaricum for a similar contract to attract healthcare professionals to rural VA medical centers and encourage veterans and their families to consider a job with the VA. That contract was for one year and worth \$823,000.

In 2014, VA services came under scrutiny after CNN reported that 40 veterans died while awaiting care at a Phoenix health system, and many were placed on a non-public waiting list.

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5.5 - WTOK (ABC-11, Video): [Man's best friend could speed healing at VA](#) (28 December, Kyle Midura, 67k uvm; Meridian, MS)

WASHINGTON (Gray DC) - About one out of every five veterans returns home with invisible wounds of war. An Ohio representative argues assuming command over a four-legged friend could be a key to improving the recovery of struggling veterans.

At holiday parties and among friends, former Army Ranger Nick Starling found himself constantly on high-alert. Starling suffers from hyper-vigilance, a symptom of post-traumatic stress disorder and his tours in Iraq.

But a year-and-a-half ago, a 'Saint' entered his life. "That's why I can have my back to the door right now is because I know he's got my back," said Starling as he talked to our reporter.

Saint is Starling's service dog. The highly-trained rescue relieves Starling's anxiety, allowing him to attend an event like this without feeling the need to seclude himself at home for a week afterward. "So he helps out with that," Starling said with a laugh.

"Anybody that's ever been a pet owner knows that the bond you create with your dog really does make a difference in your life," said Rep. Steve Stivers (R-Ohio).

Stivers wants struggling veterans to take on a new mission while they're in a VA hospital: train dogs to assist others with physical and mental disabilities. In theory, the newfound companion would complement the new trainer's recovery.

"Anything we can do to get these veterans help, we need to focus on," said Stivers.

Stivers said his idea for a pilot project at three hospitals is backed by research into the positive effects of both service and therapy dogs. His proposed law cleared the House but stalled in the Senate in 2016. He hopes the outcome will be different in 2018.

The current bill has significant bipartisan support, but will need to clear several legislative hurdles to sniff any chance of becoming law.

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6. [Suicide Prevention](#)

6.1 - Healio: [Study to examine suicide risk factors among veterans](#) (28 December, 582k uvm; Thorofare, NJ)

In collaboration with America's Warrior Partnership and The Bristol-Myers Squibb Foundation, researchers from University of Alabama will conduct a 4-year, \$2.9 million study to assess risk factors related to suicide, early mortality and self-harm among military veterans.

Led by Karl Hamner, PhD, director of the Office of Evaluation for the College of Education, and David L. Albright, PhD, Hill Crest Foundation Endowed Chair in Mental Health and associate professor in the School of Social Work, at University of Alabama, researchers hope the study, known as "Operation Deep Dive," will allow them to learn more about the risk factors at the organizational and community level to help prevent suicides, according to a press release.

“Previous research has focused primarily on individual-level risk factors, like prior suicide attempts, mood disorders, substance abuse and access to lethal means, but suicide is a complex phenomenon, and those factors don’t paint the whole picture,” Albright said in the release.

The investigators will focus on veterans across the spectrum of service, gender and lifespan, using data from America’s Warrior Partnership, the U.S. Department of Veterans Affairs (VA) and the Department of Defense (DOD). Importantly, there will be an emphasis on female veterans, who are 2.5 times more likely to commit suicide compared with civilian women, according to the release.

Using data from the DOD and the VA will help to identify the medical histories, combat experiences and discharges specific to different veterans, according to the release. Data from the America’s Warrior Partnership will help identify veterans who don’t qualify for VA benefits, including National Guard or Reserve personnel who aren’t activated, or those with a dishonorable discharge.

In the first phase of the study, the investigators will conduct a 5-year retrospective analysis of the DOD service use and pattern of VA care utilization to determine if dishonorable discharges have an impact on suicide, and the differences in suicides between those who receive and do not receive VA services, according to the release. In the second phase, they will conduct a 3-year study including input from medical examiners, mental health experts, veterans, their families and the community to examine all new or suspected suicides. These findings will enable experts to see how the community impacts suicide prevention among veterans.

“Helping to identify the trends or predictors of veterans’ suicide could help immensely in reducing suicide rates and provide much needed interventions for this community,” John Damonti, president of the Bristol-Myers Squibb Foundation, said in the release. “This project will take a deep dive to better understand what was happening at the community level to design better, more targeted intervention programs.”

Disclosures: Damonti is the president of Bristol-Myers Squibb Foundation. Healio Psychiatry could not confirm relevant financial disclosures for Hamner or Albright at the time of publication.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBTV (CBS-3, Video): [Veteran gets home through VA program after WBTV investigation](#) (28 December, Nick Ochsner, 319k uvm; Charlotte, NC)

ASHEVILLE, NC (WBTV) - A once-homeless veteran has a home of his own, months after a WBTV investigation questioned why the US Department of Veterans Affairs refused to offer the veteran further assistance.

In September, WBTV first talked with Greg Armento. At the time, Armento was being made to leave a long-term living facility for homeless veterans operated by an Asheville charity. The facility was paid to provide Armento food and shelter through a VA-funded program known as grant Per Diem, which pays a facility daily to shelter homeless veterans.

Armento filed a federal lawsuit against the organization that runs the Asheville shelter earlier in 2017, claiming supervisors at the facility violated federal labor laws by forcing Armento to perform unpaid labor.

The facility has denied those claims.

In September, when Armento was being forced from the long-term shelter, social workers at the Asheville VA Medical Center had told Armento they would not be able to help him find additional housing and, instead, suggested he plan to stay at an emergency shelter overnight.

But that changed after WBTV's investigation.

Instead of being forced onto the streets, the VA paid for Armento to stay in a hotel while he searched for a new place to live.

Now, Armento is living in a one bedroom apartment paid for through a program known as HUD-VASH. The program is a partnership between the VA and the US Department of Housing and Urban Development.

"You and your news team stepped in and interceded on my behalf with the VA and they took another look at my case and decided 'OK, we're not going to leave any veterans behind'," Armento said in a recent interview.

Armento, who is enrolled full time at a local community college, was able to find an apartment one mile from school.

"I'm very happy with where I'm living now," Armento said. "And I'm really kind of enjoying my life."

Armento said his lawsuit against his old shelter is still pending in federal court.

WBTV has a records request pending with the VA to uncover more information about the operations of the Asheville shelter. So far, the VA has yet to disclose all of the requested records, as required by law.

Similarly, Armento said he has a pending Freedom of Information Act request with the VA that officials continue promising to fulfill but have yet to provide any records.

But, for now, Armento is happy with his situation.

"With you interceding, there was an about-face and the HUD-VASH program pretty much literally saved my life," he said.

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7.2 - Shore News Today: [Brigantine Polar Bear Plunge benefits Fisher House Foundation](#)
(28 December, Ray Schweibert, 58k uvm; Marmora, FL)

Gillian Gonzalez will join hundreds of others when she dives into the icy Atlantic Ocean Monday, Jan. 1.

This will be the third time Gonzalez has joined the masses since the Brigantine Polar Bears Club started the New Year's Day ritual 18 years ago on a bet between friends.

Gonzalez will be chilling with others taking the plunge at Brigantine's 14th Street South beach in a show of solidarity for the Fisher House Foundation, a nonprofit support group for families of veterans and active-military medical patients.

The Brigantine Polar Bears have made Fisher House their sole beneficiary since 2005.

Through pledge support, corporate sponsorship and merchandise sales, the group has raised more than \$500,000 for Fisher House since the fundraising crusade began.

As a U.S. Air Force veteran and spouse of a retired U.S. Navy lieutenant commander, Gonzalez's passion for what the Brigantine Polar Bears are doing runs deep. And as the chairwoman of the Fisher House Peer to Peer fundraising initiatives — who will be joined by other Fisher House staff members at Monday's plunge — her gratitude for what participants in the event are doing runs even deeper.

"We can't do what we do without our donors, and I think one of the most important things for us, since we don't really spend a lot on advertising, is that when you're raising money for us, you're also raising awareness of what we do as well," said Gonzalez, who started volunteering for Fisher House as an active military member in 1994 at Travis Air Force Base in California and joined the foundation staff in 2012.

"There are always people who have never heard about us prior to events like the one in Brigantine. People will often call us and tell us 'You're the best-kept secret in the military nonprofit world.'"

The Brigantine Polar Bears' event has grown to be among the biggest annual contributors that fall within the foundation's Peer to Peer subdivision, which includes dozens of third-party initiatives such as golf tournaments, car shows, art and music events, and other fundraisers.

"When people are fundraising for us, they already have a passion for what we do, and they're really out there telling our story for us," she said. "That was foremost in the minds of the Brigantine organizers when they decided to make us their beneficiary — that the money they raise for us always goes toward new construction of houses."

Philanthropist and real estate developer Zachary Fisher and his wife, Elizabeth, established the first Fisher House in 1990. Through 1993 there were 11 Fisher House locations in the United States, all built and financed by the Fishers and donated to the U.S. Department of Defense and Veterans Administration. Each house is within a short drive of a military medical center or VA hospital, and all family members of recovering soldiers are accommodated free of charge.

"Zachary and Elizabeth built several houses out of pocket, and when they realized this was going to become their legacy, they created the foundation in 1994," Gonzalez said.

U.S. Army veteran David Coker became the foundation's first executive director, a title he still maintains. Coker — largely responsible for growing the number of Fisher Houses from 14 when

he started the foundation to 75 today — will join Gonzalez and several other Fisher House Foundation staff members in taking the plunge Monday.

In 2017 alone, three new Fisher Houses were built. See fisherhouse.org for more information.

Monday's daylong festivities begin about 11 a.m. with corporate-sponsorship check presentations to Fisher House representatives on the 14th Street South beach in front of Laguna Grill & Rum Bar. The winners of an annual costume contest will be announced about 11:30, and the plunge will take place at noon with the sounding of a military cannon.

The Billy Walton Band will take the stage inside Laguna Grill immediately after the plunge, and the Amish Outlaws will perform starting 4 p.m.

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7.3 - Leader Publications: [Scouts place wreaths at Western Reserve National Cemetery](#) (28 December, 35k uvm; Fairlawn, OH)

RITTMAN — Members of Norton Boy Scout Troop 132 and Cub Scout Pack 3132, both sponsored by Johnson United Methodist Church, were among the hundreds of volunteers who helped to place over 14,000 wreaths at the graves of veterans in Western Reserve National Cemetery during Wreaths Across America Day Dec. 16.

Boy Scout Eric Frantz is pictured at right placing a wreath on a grave at the cemetery.

Wreaths throughout the cemetery are shown above.

Now in it's 12th year, the local Wreaths for Western Reserve event is part of the National Wreaths Across America Day of Remembrance, in which volunteers placed wreaths at over 1,200 locations throughout the U.S. and national cemeteries on foreign soil.

Scout officials said this service program helped to instill in Scouts the mission of Wreaths Across America: to remember, honor and teach about the veterans that served their country.

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8. [Other](#)

8.1 - WFED (AM-1500): [A thank you to the year's radio guests](#) (28 December, Tom Temin, 831k uvm; Washington, DC)

Often when we sit down for dinner, my wife will ask, "Who was on the show today?" Usually I scratch my head. "I can't remember," is my reply.

I'm not growing senile. I just have to cram a lot into my head to prepare for interviews. I get the mental equivalent of buffer overflow. Once I wrap a show, the RAM clears.

But that doesn't mean guests don't make an impression. Of the thousands of people I've interviewed here at Federal News Radio, quite a few have made a lasting impression. I learn something from every interview, including from the repeated guests. That's what's great about covering the federal government — there's always something new to learn. It sounds cliché, but this is one great job.

Here are a few of the highlights from 2017.

Twice I've interviewed Veterans Affairs Secretary David Shulkin. The most recent piece aired this week. I haven't met Shulkin in person, but he comes across impressively. He's prepared. He doesn't wander off topic. He's polite, but not one for chit chat. He gives the sense he'll leave VA better than he found it.

Jenni Main floored me. She's the chief financial officer of the Centers for Medicare and Medicaid Services. Don't ever think bean counters lack passion for what they do or for public service. I learned a lot about CMS from Main's interview.

Comptroller General Gene Dodaro is another. He runs the Government Accountability Office. He visits us for an in-studio interview when the bi-annual high risk comes out. You sense that no matter how many years he's served, each report matters to him. GAO people are on weekly. Occasionally they chuckle at something egregious. But they're always fair-minded. They never berate anyone personally.

Always interesting are people at the program level. Joe Pica of the National Weather Service helped shepherd a highly capable new weather satellite into orbit. Victor Convertino of the Army Institute of Surgical Research helps save soldiers from blood loss. Special FBI agent Bryan Drake helped take down a literally evil doctor. So many creative and hard-working public servants the public has mostly never heard of.

Vendors, attorneys, inspectors general, members of Congress, high ranking military officers — all have appeared in the past year. All have contributed to an ongoing, civil discussion about the country and the big and small challenges it faces.

I can't name everyone. Hundreds have appeared this year. But know that the broadcast staff members Lauren Larson, Eric White and I have treasured each guest.

People ask, do we have favorites?

Some we like just for their voices. We've dubbed one guy "Squidward" because he sounds like the SpongeBob SquarePants character. We have a "Marge Simpson." Don't get me wrong. We love accents, dialects and distinctive timbres. They make radio great.

We also appreciate people ready to suggest good topics, willing to answer our questions. People who don't hide behind public affairs. Vendors willing to address issues and not try to peddle products.

I can always tell when a guest is doing his or her first radio interview. Sometimes they tell me beforehand. Sometimes afterwards, in relief that it's over. But everyone is capable of sounding good.

I can also tell when someone is reading a script. That's a guarantee of a curve ball question. You're talking about your work, career and passion. No one needs a script for that. And for radio, you don't need to get dressed up.

I often get asked the question, 'what's the secret of a good interview?'. It's simple. You can't do poorly when talking about what you care about and have knowledge of. Dale Carnegie called the great secret of effective speaking simply talking about something you've earned the right to talk about through experience.

I sometimes joke with guests beforehand, asking them to prepare to be asked whether Mussolini should have invaded Ethiopia. In reality, we ask people about their work. About what motivates them to get up and head out day after day, year after year.

Great stories, all in your own voice.

Happy New Year.

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8.2 - Portsmouth Daily Times: [Chillicothe VA and Shawnee State University Receive State Association Award](#) (28 December, Jenni Dovyak-Lewis, 72k uvm; Portsmouth, OH)

The Chillicothe VA Medical Center and Shawnee State University's Master of Occupational Therapy (MOT) students partnered with the Area Agency on Aging District 7 (AAA7) Regional Long-Term Care Ombudsman Program (RLTCOP) and the AAA7 Department of Community Services to provide the Music and MemorySM program to Ohio's veterans, their caregivers, and others with cognitive impairment in home and community-based care settings.

It is a person-centered approach to dementia care that uses custom playlists on digital music players to reconnect people with dementia to the world around them. Although Music and MemorySM has been utilized in residential based care settings for many years, the state of Ohio was the first state to deploy Music and MemorySM in community-based settings with this project serving as one of the most successful in the state.

Music and MemorySM has been shown to help individuals feel happier and more social, build stronger relationships between caregivers and recipients, and may reduce the use of antipsychotic medications. This particular partnership was unique in that it brought together generations of individuals through the help from the college students to veterans of many ages who were able to experience the benefits of the Music and MemorySM program.

The AAA7 partnered with the MOT students to provide on-site training for the staff of the VA Medical Center and selected adult day care and residential care facilities. MOT students provided hands-on demonstrations during the trainings; showing the deployment sites how to conduct individualized music assessments, use an iPod, purchase iTunes, create playlists, and load iPods with individualized music.

The MOT students worked with the various groups/deployment sites to place i-Pods with individualized playlists into the hands of 165 veterans and others with cognitive impairment living in the community over a year and a half in 2015, 2016 and 2017.

The program continues to be a part of the Chillicothe VA Medical Center and AAA7 Veteran-Directed and Caregiver Support Programs. Sustainability for the project comes from donations to purchase iPods, headphones and music as needed.

The Chillicothe Veterans Affairs (VA) Medical Center and Shawnee State University in Portsmouth were recently presented with the Outstanding Area Agency on Aging Partnership of the Year Award at the Ohio Association of Area Agencies on Aging (o4a) Annual Conference that was recently held in Columbus.

The two organizations were nominated by the Area Agency on Aging District 7, which covers ten counties in Southern Ohio including Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto and Vinton.

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Veterans Affairs Media Summary and News Clips

29 December 2017

1. [Top Stories](#)

1.1 - FOX News (The Ingraham Angle, Video): [Understanding the role of the inspector general](#) (28 December, 32.5M uvm; New York, NY)

This five-minute video clip features an interview with VA OIG Michael Missal about the role of Inspectors general in the oversight of Department operations. Video description: Veterans Affairs Inspector General Michael Missal provides insight on 'The Ingraham Angle.'

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1.2 - U.S. News & World Report (AP): [Bed Bugs Force Closure of Urgent Care at Veterans Center](#) (28 December, 24M uvm; Washington, DC)

Bed bugs have forced the closure of the urgent care clinic at a troubled New Hampshire veterans medical center. New Hampshire Public Radio reports the clinic closed Wednesday after bugs were found in the waiting room and in an exam room at the Manchester Veterans Affairs Medical Center. Hospital director Al Montoya says the situation did not qualify as an emergency and patients were treated at another location.

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1.3 - WFED (AM-1500, Audio): [David Shulkin: Healthcare partnership could form between DoD and VA](#) (28 December, 831k uvm; Washington, DC)

The future of veterans' healthcare often lies outside of the Veterans Affairs Department's own walls. Secretary David Shulkin and many in Congress want to see more care delivered by local, community networks rather than in large, distant VA hospitals. Shulkin explained on Federal Drive with Tom Temin how VA and the Defense Department could work together.

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2. [Greater Choice for Veterans](#)

2.1 - The Epoch Times: [Year In Review: President Trump's First Year in Office, An increase in America's prosperity and renewed respect around the world](#) (28 December, 3.5M uvm; New York, NY)

Trump delivered on a campaign promise in June when he signed the Veterans Accountability and Whistleblower Protection Act. The act is both imminently practical and highly symbolic. Veterans have complained for years of an unresponsive bureaucracy in the Veterans Administration (V.A.) that doesn't serve their needs, and whistleblowers who attempted to point out the problems have themselves been punished.

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2.2 - KPBS (PBS-15, Audio/Video): [Rep. Peters On Tax Reform, Yucca Mountain, Healthcare For Veterans](#) (28 December, Brooke Ruth and Maureen Cavanaugh, 278k uvm; San Diego, CA)

Q: As a member of the Veterans Affairs committee, you must be aware of the criticisms of the Veterans Choice program, which was created in an attempt to decrease wait times veterans

were encountering at the VA. Do you support expanding health care choice for veterans or increasing funding to the existing VA programs as a way of providing better health care?

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2.3 - Monterey County Herald: [James Herrera, Reporter's Notebook: VA-DOD clinic finally opened in 2017](#) (28 December, James Herrera, 270k uvm; Monterey, CA)

Having been at both the dedication ceremony and the grand opening of the Major General William H. Gourley VA-DOD Outpatient Clinic, 10 months and one retirement apart, I remember former Rep. Sam Farr looking lighter, more vibrant and relaxed than I had ever seen him before. He had a full beard and had the air of "frankly my dear, I don't give a darn" that went along with it.

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2.4 - Advocate-Tribune: [VA changes coming for local veterans](#) (28 December, Kyle Klausing, 4k uvm; Granite Falls, MN)

Gatz informed the commissioners that several big changes were coming to the department, which she hoped would positively benefit the county. Of particular importance is the proposed expansion of the Choice Program, a federal program that connects veterans with private medical providers in the event they cannot receive treatment from a VA center within 30 days of submitting a request.

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3. [Modernize Our System](#)

3.1 - MobiHealthNews: [Q4 Provider roundup: Telemedicine on the rise, AR and VR integrate at hospitals](#) (27 December, 188k uvm; New York, NY)

In December Potentia Lab, a behavior changing technology platform, announced that it had won a contract with the Department of Veterans Affairs' Center for Innovation to develop its e-learning platform for veterans living with PTSD. The company's approach to treating PTSD uses positive psychology. Many veterans go to therapy once but don't go back, said David Milner, cofounder of the company. That is where Potentia Labs comes in. The platform teaches users how to build up skills like resilience and optimism, which have been associated with wellbeing.

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4. [Focus Resources More Efficiently](#)

4.1 - The Roanoke Times: [Family brings a bit of Christmas to veterans](#) (29 December, 1.5M uvm; Roanoke, VA)

Giles County resident Helen Beavers, daughter Lisa and granddaughters Sydney and Emily delivered 1,800 Christmas cards to the VA Hospital in Salem this year. Cards were donated by Peaks of Otter Daughters of the American Revolution, Captain Sally Tompkins United Daughters of the Confederacy and Walmart of Pearisburg.

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4.2 - WKMG (CBS-6): [Orlando VA Medical Center doctor accused of DUI suspended, Report shows ophthalmologist was under influence of Rx drugs](#) (28 December, Emilee Speck, 1.1M uvm; Orlando, FL)

An Orlando Veteran Affairs Medical Center doctor has been suspended after Florida Highway Patrol troopers said he was involved in a crash and is accused of driving under the influence of prescription drugs. Charles Young, 66, was involved in a crash Tuesday morning on Narcoossee Road at Emerson Lake Boulevard with another vehicle, FHP troopers said.

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4.3 - Salisbury Post: [More than 1,300 Cards for a Cause delivered in Rowan Public Library program](#) (29 December, 159k uvm; Salisbury, NC)

Rowan Public Library's Cards for a Cause campaign collected more than 1,300 cards to be delivered to military service members and veterans this year. The total well exceeds the library's goal of 1,000 cards. Each library branch — Headquarters (Salisbury), East (Rockwell), and South Rowan Regional (China Grove) — had stations set up for card-making and delivery, and all ages were invited to participate.

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4.4 - KDLT (NBC-46): [Three Women Retire From The VA After Over 30 Years](#) (28 December, Joe Farrell, 54k uvm; Sioux Falls, SD)

Three women that work, and are retiring, at the VA Medical Center were deservedly honored after a combined 103 years of service. Ann Nelson, Cindy Khan, and Brenda Stevens, were the three women celebrated. All were crucial in starting programs to help veterans struggling with mental illnesses.

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4.5 - Spectrum News 13: [Orlando VA doctor charged with DUI after crash near medical center](#) (28 December, Julie Gargotta, 300 uvd; Orlando, FL)

An Orlando VA Medical Center doctor was arrested and charged with driving under the influence of narcotics after he crashed a few miles away from the hospital Tuesday, records show. In an arrest report, Florida Highway Patrol troopers said that 66-year-old Dr. Charles Young seemed "lethargic" and "dazed."

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5. [Improve Timeliness of Service](#)

5.1 - WHBQ (FOX-13, Video): [Politicians, whistleblowers react after vet's 'health worsened' while waiting in VA emergency room](#) (28 December, Tony Atkins, 618k uvm; Memphis, TN)

The Memphis VA is investigating after a veteran's health appeared to decline while he was waiting in the ER during the week of Dec. 18. An internal investigation of the incident is underway, the VA said. "He was in our ER and got no help," said Sean Higgins. An Air Force veteran. Higgins was fired from the Memphis VA in July.

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5.2 - KJZZ (NPR-91.5): [Phoenix VA, CVS Partnership Serves 783 Vets Since Launch](#) (28 December, Mariana Dale, 168k uvm; Tempe, AZ)

A pilot program that allows Phoenix Veterans Affairs' clients to get treatment for minor health issues at CVS clinics has served 783 veterans as of Christmas Day. "It's a partnership where we're focused on convenience for veterans," said Phoenix VA Chief of Staff Maureen McCarthy. The pilot program launched in April. She said patients average about 120 a month and report they're happy with the program.

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5.3 - WTAJ (CBS-10, Video): [Rural veterans rely on health care program](#) (28 December, Lindsey Kennett, 192k uvm; Altoona, PA)

Somerset Borough, Somerset County, Pa. - Veterans living in rural parts of Somerset County rely on the Veterans Choice Program at Somerset Hospital to get the medical treatment they need. Tom Joyce, a Vietnam War veteran, is in and out of hospitals and doctors' offices. "I had my neck, my back, my leg. Back again for my arm, back again for my leg and my back," said Joyce, a retired U.S. Army veteran of the 101st Airborne Division.

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5.4 - Medical Marketing & Media: [VA reaches out to agencies about recruitment campaign](#) (28 December, Alison Kanski, 139k uvm; New York, NY)

The Department of Veterans Affairs is gathering information for a possible marketing and advertising RFP focused on recruiting healthcare professionals to VA hospitals and clinics. The VA is looking to conduct a nationwide recruitment marketing campaign to attract candidates from certain medical occupations, maximize VA exposure, and foster a positive awareness of VA. The federal department issued the request for information (RFI) at the end of November.

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5.5 - WTOK (ABC-11, Video): [Man's best friend could speed healing at VA](#) (28 December, Kyle Midura, 67k uvm; Meridian, MS)

About one out of every five veterans returns home with invisible wounds of war. An Ohio representative argues assuming command over a four-legged friend could be a key to improving the recovery of struggling veterans. At holiday parties and among friends, former Army Ranger Nick Starling found himself constantly on high-alert. Starling suffers from hyper-vigilance, a symptom of post-traumatic stress disorder and his tours in Iraq.

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6. [Suicide Prevention](#)

6.1 - Healio: [Study to examine suicide risk factors among veterans](#) (28 December, 582k uvm; Thorofare, NJ)

In collaboration with America's Warrior Partnership and The Bristol-Myers Squibb Foundation, researchers from University of Alabama will conduct a 4-year, \$2.9 million study to assess risk factors related to suicide, early mortality and self-harm among military veterans.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBTV (CBS-3, Video): Veteran gets home through VA program after WBTV investigation

(28 December, Nick Ochsner, 319k uvm; Charlotte, NC)

A once-homeless veteran has a home of his own, months after a WBTV investigation questioned why the US Department of Veterans Affairs refused to offer the veteran further assistance. In September, WBTV first talked with Greg Armento. At the time, Armento was being made to leave a long-term living facility for homeless veterans operated by an Asheville charity.

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7.2 - Shore News Today: Brigantine Polar Bear Plunge benefits Fisher House Foundation

(28 December, Ray Schweibert, 58k uvm; Marmora, FL)

As a U.S. Air Force veteran and spouse of a retired U.S. Navy lieutenant commander, Gonzalez's passion for what the Brigantine Polar Bears are doing runs deep. And as the chairwoman of the Fisher House Peer to Peer fundraising initiatives — who will be joined by other Fisher House staff members at Monday's plunge — her gratitude for what participants in the event are doing runs even deeper.

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7.3 - Leader Publications: Scouts place wreaths at Western Reserve National Cemetery

(28 December, 35k uvm; Fairlawn, OH)

Members of Norton Boy Scout Troop 132 and Cub Scout Pack 3132, both sponsored by Johnson United Methodist Church, were among the hundreds of volunteers who helped to place over 14,000 wreaths at the graves of veterans in Western Reserve National Cemetery during Wreaths Across America Day Dec. 16.

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8. Other

8.1 - WFED (AM-1500): A thank you to the year's radio guests

(28 December, Tom Temin, 831k uvm; Washington, DC)
Twice I've interviewed Veterans Affairs Secretary David Shulkin. The most recent piece aired this week. I haven't met Shulkin in person, but he comes across impressively. He's prepared. He doesn't wander off topic. He's polite, but not one for chit chat. He gives the sense he'll leave VA better than he found it.

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8.2 - Portsmouth Daily Times: Chillicothe VA and Shawnee State University Receive State Association Award

(28 December, Jenni Dovyak-Lewis, 72k uvm; Portsmouth, OH)
The Chillicothe VA Medical Center and Shawnee State University's Master of Occupational Therapy (MOT) students partnered with the Area Agency on Aging District 7 (AAA7) Regional Long-Term Care Ombudsman Program (RLTCOP) and the AAA7 Department of Community Services to provide the Music and MemorySM program to Ohio's veterans, their caregivers, and others with cognitive impairment in home and community-based care settings.

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1. [Top Stories](#)

1.1 - FOX News (The Ingraham Angle, Video): [Understanding the role of the inspector general](#) (28 December, 32.5M uvm; New York, NY)

This five-minute video clip features an interview with VA OIG Michael Missal about the role of Inspectors general in the oversight of Department operations. Video description: Veterans Affairs Inspector General Michael Missal provides insight on 'The Ingraham Angle.'

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1.2 - U.S. News & World Report (AP): [Bed Bugs Force Closure of Urgent Care at Veterans Center](#) (28 December, 24M uvm; Washington, DC)

MANCHESTER, N.H. (AP) — Bed bugs have forced the closure of the urgent care clinic at a troubled New Hampshire veterans medical center.

New Hampshire Public Radio reports the clinic closed Wednesday after bugs were found in the waiting room and in an exam room at the Manchester Veterans Affairs Medical Center.

Hospital director Al Montoya says the situation did not qualify as an emergency and patients were treated at another location. The hospital's pest control contractor hasn't responded to requests for comment.

The state's only veterans hospital came under scrutiny after a Boston Globe report in July revealed allegations of substandard care. Doctors had described a fly-infested operating room, surgical instruments that weren't always sterilized and patients not properly treated.

A task force has been formed to recommend changes at the facility.

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1.3 - WFED (AM-1500, Audio): [David Shulkin: Healthcare partnership could form between DoD and VA](#) (28 December, 831k uvm; Washington, DC)

The future of veterans' healthcare often lies outside of the Veterans Affairs Department's own walls. Secretary David Shulkin and many in Congress want to see more care delivered by local, community networks rather than in large, distant VA hospitals. Shulkin explained on Federal Drive with Tom Temin how VA and the Defense Department could work together.

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2. [Greater Choice for Veterans](#)

2.1 - The Epoch Times: [Year In Review: President Trump's First Year in Office, An increase in America's prosperity and renewed respect around the world](#) (28 December, 3.5M uvm; New York, NY)

President Donald Trump's first year in office can perhaps be best summed up with a promise he made during his inaugural address.

"We are transferring power from Washington, D.C., and giving it back to you, the people," Trump said.

This belief—that power belongs to the people—has been a guiding thread through his presidency so far.

Trump has sharply decreased government regulation, while simultaneously seeking to empower Americans with more wealth and independence.

He has promoted American's freedoms and basic rights, such as religious freedom, and worked to bring the government back in line with the powers given it by the Constitution.

The strategy is working: Unemployment levels are now the lowest since 2000; the stock market is breaking record after record; consumer confidence is at a 17-year-high; and GDP (gross domestic product) growth is at 3 percent, a mark that some economists had recently considered unattainable. With the passing of the tax reform bill this month, economic growth is expected to accelerate even further.

The administration has worked to secure America's borders while simultaneously going after the violent MS-13 gang.

On the world stage, Trump has reasserted America's position as a moral leader and defender of human rights.

He has made it clear that America will no longer accept massive trade imbalances that have hurt American workers and businesses for decades.

Trump has reaffirmed trust with existing allies, like Israel, and forged new alliances in the Arab world to fight terror financing and the spread of Islamic extremism.

He has forged a warm relationship with Chinese leader Xi Jinping, while at the same time taking a strong stance against China's trade abuses and theft of intellectual property.

In Congress, despite severe obstruction from Democratic lawmakers, Trump has seen the confirmation of 19 federal judges who are strict constructionists in their approach to the Constitution.

However, all of this has come at a price.

Those opposing Trump's agenda, including media conglomerates, politicians, and government officials, have actively sought to delegitimize his presidency. Media organizations have resorted to misleading and false reporting. Politicians and government officials have promoted an unproven narrative that Trump colluded with the Russian government to win the election.

However, whether Republican or Democrat, no other president in recent decades has pursued the reform and change of course in regard to the American people that Trump has.

What follows is an overview of some of the president's accomplishments during his first year in office.

[...]

Taking Care of Veterans

Trump delivered on a campaign promise in June when he signed the Veterans Accountability and Whistleblower Protection Act.

The act is both imminently practical and highly symbolic. Veterans have complained for years of an unresponsive bureaucracy in the Veterans Administration (V.A.) that doesn't serve their needs, and whistleblowers who attempted to point out the problems have themselves been punished.

The act makes it easier to fire employees of the V.A.—encouraging greater responsiveness and accountability—and offers safeguards for those who step forward to point out corruption, abuse, waste, and incompetence. It is also a very public declaration to veterans that shortcomings at the V.A. will no longer be tolerated.

This act is one of 19 laws and resolutions the president signed that deal with veterans, along with one executive order and five proclamations.

These measures extend the Veterans Choice Program, which that allows veterans to seek private medical care; provides for third-party reviews of V.A. medical facilities; requires the Department of Veterans Affairs to report prescription data to help track opioid abuse; helps businesses develop apprenticeship programs; awards businesses for hiring veterans; provides grant money to help police departments hire veterans; makes educational benefits available for life; improves the process veterans use to make appeals about their benefits; and funds veteran programs and benefits, among other purposes.

Trump has taken a personal hand in care for our veterans. He spent Christmas Eve making teleconference calls to veterans stationed in Qatar, Kuwait, and Guantanamo Bay, and patrolling the Strait of Hormuz.

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2.2 - KPBS (PBS-15, Audio/Video): [Rep. Peters On Tax Reform, Yucca Mountain, Healthcare For Veterans](#) (28 December, Brooke Ruth and Maureen Cavanaugh, 278k uvm; San Diego, CA)

[...]

Q: As a member of the Veterans Affairs committee, you must be aware of the criticisms of the Veterans Choice program, which was created in an attempt to decrease wait times veterans were encountering at the VA. Do you support expanding health care choice for veterans or increasing funding to the existing VA programs as a way of providing better health care?

A: Well, I think veterans across the country support a robust, healthy VA. That's what we are concentrating on. In some instances where you have a particular procedure that is only done once a month by a specialist, you're not going to hold that particular physician on your staff at the VA. That should be provided in the community and other instances where periodically before you can staff up you might have delays at a particular VA, there ought to be overflow into the community, that's basically what the Choice Program is intended to do and we support that. I wouldn't see it as an either or. I think that there are some people who would like to privatize the VA. I really don't see support for that on either side of the aisle right now. I think the focus is on a Choice Program that's pretty surgical, pardon the expression, about meeting the needs that is doesn't make sense to do inside the VA but with a robust VA to start out with.

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2.3 - Monterey County Herald: [James Herrera, Reporter's Notebook: VA-DOD clinic finally opened in 2017](#) (28 December, James Herrera, 270k uvm; Monterey, CA)

Editor's note: This week Monterey Herald reporters look back on some of the most memorable and important stories they covered in 2017.

Marina >> Having been at both the dedication ceremony and the grand opening of the Major General William H. Gourley VA-DOD Outpatient Clinic, 10 months and one retirement apart, I remember former Rep. Sam Farr looking lighter, more vibrant and relaxed than I had ever seen him before. He had a full beard and had the air of "frankly my dear, I don't give a darn" that went along with it.

It could have been the result of exiting a life of public service on his own terms that gave him a sense of satisfaction, coupled with the feeling that comes with seeing a major project through to the end.

One of the biggest and most visible projects to come out of Marina via the Fort Ord Reuse Plan is the Major General William H. Gourley VA-DOD Outpatient Clinic.

The gleaming, three-story, 150,000-square-foot clinic first broke ground in November 2013 and was hailed as California's first integrated Department of Veterans Affairs and Department of Defense joint health care clinic.

Decades in the making, this undertaking would be a crown jewel for the area, having many local, state, federal and military leaders working to get it built.

But the road to fruition on the over \$100 million project at 201 Ninth St. in Marina was not an easy one. Getting the VA and DOD to work together was a major hurdle. But once Farr started the collaboration between the two agencies and secured the federal funding for the project, it started to take lumbering strides forward.

Farr would work to change rules and laws to move the project forward, including authoring the legislation that was signed into law by then-President Barack Obama to name the health center after Maj. Gen. Gourley.

Gourley was also instrumental in the clinic's development. His interest in designating a section of Fort Ord as a joint clinic for veterans and active duty service members, as well as their families, began when the base closed in 1994.

Having spent part of his military career on the Monterey Peninsula, Gourley returned to Monterey after retiring in 1989 and soon became an active participant in overseeing the restructuring of Fort Ord to civilian use.

He chaired the Monterey Regional Health Development Group and convinced the VA to open a satellite clinic on Fort Ord, which was a precursor to what stands now in Marina: the Gourley VA-DOD Outpatient Clinic.

The modern medical facility had been scheduled to open in 2016 but because of building delays, a dedication ceremony was held instead in October 2016 to honor both Farr and Gourley for their efforts.

Farr had announced in November 2015 that he would not seek re-election and Gourley died in 2008.

About 400 people attended the ceremony, including Gourley's family, who were on hand for the unveiling of the building's nameplate that adorns the building now.

During the dedication ceremony, many acknowledged Farr's leadership and determination as being the catalyst for the clinic's existence.

The clinic's opening would be delayed again in the spring of 2017, this time due to furniture and equipment installation, as well as additional technical and staff training.

But on Aug. 3 the new clinic had its grand opening and started seeing patients about a week and a half later.

For those the clinic serves, it will take some time to get used to the new model of care the facility provides. The previously smaller clinic afforded an atmosphere where veterans felt they could socialize while getting their health care, something the much larger clinic does not foster, they say.

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2.4 - Advocate-Tribune: [VA changes coming for local veterans](#) (28 December, Kyle Klausing, 4k uvm; Granite Falls, MN)

Yellow Medicine County Veterans Officer Michelle Gatz was on hand at this week's Yellow Medicine County Board meeting to update the Commissioners on the national conference on veterans affairs she attended in Washington, D.C. on November 29.

The conference brought together various state and county officials who work on veterans issues. Conference attendees listened to presentations from federal government officials and networked with their counterparts from across the United States.

Gatz informed the commissioners that several big changes were coming to the department, which she hoped would positively benefit the county. Of particular importance is the proposed expansion of the Choice Program, a federal program that connects veterans with private medical providers in the event they cannot receive treatment from a VA center within 30 days of submitting a request.

Gatz said there were concerns that it would be difficult to attract private practice doctors back into the Choice Program, because of prior delays in issuing payment. Another way the VA is working to streamline medical treatment for veterans is by encouraging remote medical appointments. The idea is for patients to meet with a nurse at their regular facility and then connect wirelessly with a specialist who might be located hundreds of miles away.

“This is going to be huge for us,” said Gatz. One possible problem with the plan is the lack of access to broadband in rural areas of the county. She told the Board that the VA is working with the federal government to expand access to broadband internet, but it might still take years for it to be fully developed. “This concerns me because this is going to be the way of the future,” Gatz said. “Yellow Medicine County vets might not be able to access the program because of poor connection.”

Gatz also told the Board that the VA is working on eliminating federal regulations that slow down the building of new housing for veterans. Currently, VA certified nursing homes are required to undergo 2 annual inspections, one the state and another from the federal government. According to Gatz, nursing homes in Canby and Granite Falls are not certified in part because their staff is unable to meet the demands of this regulation (Clarkfield is the only VA certified nursing home in the immediate area).

The VA is exploring whether or not to consolidate the inspections into an annual one time requirement. Gatz said this will help allow more nursing homes to help local veterans. “Everybody is in consensus that this would be a huge thing for everybody across the board,” Gatz told the Board.

Gatz is optimistic that there will be more progress in the area of apprenticeship programs to ease the transition into the workforce. She said the VA is working to expand these job training programs, which tend to help younger vets.

Reflecting on all of the new changes coming for 2018, Gatz said that she is excited; “I’m anxious to see what happens next.”

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3. Modernize Our System

3.1 - MobiHealthNews: Q4 Provider roundup: Telemedicine on the rise, AR and VR integrate at hospitals (27 December, 188k uvm; New York, NY)

This quarter, hospitals and clinics continued to integrate digital health into their practice, using it to engage and treat patients, as well as improve hospital workflows. Telehealth continues to be a growing field. More healthcare providers have expressed interest in expanding their telehealth offerings, according to the Foley survey. Hospitals have also started to integrate augmented and

virtual reality programs into their models to help the patient experience, particularly for their youngest patients. Both the US and UK government continue to show interest in expanding their digital health offerings. Read on for a roundup of notable Q4 provider stories.

Once you are finished reading, check out our Q1, Q2 and Q3 roundups.

Telemedicine

Telemedicine continued to rise into the mainstream this quarter as more states created regulations around the practice and professionals begin to discuss the possibility of making it a new specialty.

As new telemedicine players sprout from the woodwork and employers more frequently offer telehealth options to their employees, a new breed of doctors may be needed to match the technology's growing popularity. In an editorial published in JAMA, NewYork-Presbyterian physicians argued that adoption of a new multidisciplinary medical specialty focused on virtual care would best prepare practitioners to the unique challenges of telehealth.

Historically, new specialties have been adopted by the development of new medical technologies and knowledge in care delivery, the authors explained. As medical teams begin to integrate these advancements into a more structured approach, recognition and refinement of the budding discipline grows alongside wider adoption.

The field seems to be rapidly growing and more hospitals are interested in expanding the telemedicine program. The Foley Telemedicine and Digital Health Survey revealed more interest and use of telemedicine amongst health organizations.

In 2014, 87 percent of survey respondents reported that they did not expect most of their patients to be using telemedicine by 2017. However, this year three-quarters of respondents reported that their organization either offers telemedicine options now or plan to offer telemedicine services. Of those, 53 percent said they were looking to expand.

In November the American Health Information Management Association announced the Telemedicine Toolkit. AHIMA said that hospitals and practices can use the new toolkit to assess potential opportunities relating to their particular needs and to analyze documentation, legal, and reimbursement practicalities ahead of establishing a telehealth program.

This quarter also saw the introduction of a new way for clinicians to find jobs working in telemedicine. Nomad Health's online freelance marketplace for healthcare professional staffing now includes postings for telehealth positions alongside traditional healthcare roles. With the updated service, doctors interested in telehealth practice will be able to view and apply to open position listings from several telehealth service providers, including American Well and First Stop Health.

Not only does telemedicine seem to be expanding, it is also being bouyed by continued improvements in state regulations. A slew of states are rolling out or modifying their laws to better define regulatory frameworks specifically affecting remote delivery of care. In fact, every state but Connecticut and Massachusetts has made substantive legal changes to how telehealth is delivered in the past year, with some taking specific actions to better define the path of mental health-focused treatment, according to recent data on telemental regulations released by healthcare and life sciences firm Epstein Becker Green.

AI, VR and more

Virtual reality, artificial intelligence, and augmented reality are quickly becoming common tools used for healthcare providers to treat and engage patients.

AR is now available to some of the youngest patients at Alder Hey Children's Hospital in Liverpool, UK. The hospital recently launched a new augmented reality tablet app to entertain, educate and distract the hospital's young children. Children can choose an animated avatar who will appear on the app as they visit different parts of the hospital and offer them entertainment, information, and support as well as challenges they can complete to unlock new content.

Using augmented and virtual realities seem to be a trend in pediatric medicine. Los Angeles Children's Hospital hosted a study that was aimed at using VR to help kids feel less anxious in a hospital. The study published in October, gave kids VR headsets as their blood was being drawn. Researchers found that using VR significantly reduced acute procedural pain and anxiety in patients compared to using the standard of care. The study also found that patients who reported being more fearful of physiological sensations related to anxiety benefited more from the VR treatment.

But it isn't just kids who may see the benefits of virtual experiences. Service members unwilling to open up about their PTSD in person may be more likely to speak with computer-generated virtual interviewers, research published this quarter suggests. Due to their anonymity and rapport-building capabilities, these virtual interviewers could be uniquely positioned to break through soldiers' fears of discrimination and career-affecting stigma and improve mental health care.

One population that is seeing the benefits of AI is seniors. This quarter multiple companies have developed AI products for seniors living with loneliness.

For example, Accenture completed a pilot program in the UK, which uses its artificial intelligence platform to help seniors manage their care and daily lives. The technology was developed by Accenture Liquid Studio in London and is tailored for older people living independently. It can learn users' behaviors and preferences and suggest activities to support their physical and mental health.

The platform runs on the Amazon Web Services cloud and includes a portal that lets family members and caregivers check on the individual's daily activities. The platform can also help spot abnormalities in the user's behavior, such as a missed medication, then alerts family and friends.

AI is also being used to help monitor seniors at risk of falls or other safety issues. CarePredict — a Fort Lauderdale, Florida-based company that sells a senior monitoring platform comprised of networked wearables and data-driven diagnosis prediction — has announced that will be deploying its system in LifeWell Senior Living's newly established aging and memory care facility in Santa Fe, New Mexico, The Legacy. This will be the third LifeWell facility in which the CarePredict Tempo system will be used to track residents' behaviors and alert caretakers to potential declines or emergencies.

Care coordination

Purpose built messaging devices were a hot topic at the Healthcare Messaging Conference and Exhibition at Harvard Medical School in November. In recent years pagers have gone out of vogue as more and more hospitals have adopted smartphone messaging systems to communicate. But while "bring your own device" (BYOD) was once the trend, hospitals are increasingly moving toward hospital-owned, purpose-built smartphones.

One of the adopters of purpose built messaging was the medical team at Asheville, North Carolina-based Mission Health. The system reported a significant increase in the ability to locate staff across fields after a hospital messaging system was implemented. Before the pilot study, only 31 percent of caregivers reported that they were satisfied with being able to locate an RN. That number increased to 79 percent after the study was deployed. Similar results were found in satisfaction with locating CNAs, which increased from 25 percent to 78 percent satisfaction. Now Mission Health now plans on expanding the system to the rest of the enterprise.

Hospitals across the country have expressed interest in using staff members time more efficiently. Using wearable sensors, researchers at the University of Missouri have developed a new method for tracking how nurses in the intensive care unit (ICU) spend their shifts.

The method uses a Near Field Electromagnetic Ranging (NFER) system, where nurses wear nonintrusive sensors during their shift. Routers placed around the unit track the devices worn by the nurses so researchers can see what nurses are doing in real-time.

But it isn't just about improving workflow; many of the new coordination products are expected to directly impact patients. For example, Argentinian ambulance doctors are using WhatsApp to fast track their patients' care. Study data presented at the Argentine Congress of Cardiology's 2017 conference suggests that using the free messaging app to send diagnostic electrocardiograms (ECGs) directly to a hospital's catheterization lab allowed heart attack patients to bypass the emergency department and reduce mortality.

Innovation

Several hospitals and accelerators have designed their own schemes to further digital health.

Pulse@MassChallenge, the pre-series B digital health startup accelerator that launched last year with the backing of the Commonwealth of Massachusetts and a number of industry supporters, announced the 32 startups in its second class in December. Pulse works a little differently than many other accelerators. It takes no equity in the startups and doesn't accept startups unless a major healthcare stakeholder wants to work with them as a "champion" in a relationship that's half mentorship, half pilot program.

Director Nick Dougherty said the biggest difference between the inaugural year and this year is that not only are champions working with startups, but that also some of them are working with each other on projects, including a collaboration between Boston Children's Hospital and Cerner as well as another between Campbell's and AARP. This year's class includes a number of startups focusing on the opioid epidemic, senior health and diabetes management.

Cedars-Sinai Medical Center's has also been expanding its accelerator program. In December the third accelerator class held its demo day as the 10 companies announced a slew of pilots, deployments, and other deals. Nine out of the 10 companies has a pilot or commercial deal with Cedars-Sinai itself, but a number of companies also have deals with other hospitals, payers, or

pharma companies. One, Tasso, has a \$6 million grant contract with the Department of Defense. Tasso's Hemolink is a wearable, minimally invasive device that lets patients collect blood samples at home. Other startups include CancerAid, an app for cancer patients and Aiva's Amazon Alexa skill for hospital-bound patients.

Finally, in October the Thrive Innovation Center in Louisville, Kentucky opened. The Center is a nonprofit dedicated to showcasing new aging in place technologies in partnership with tech companies like Samsung, CDW Healthcare, Lenovo, and Aruba, as well as a number of aging tech startups. Louisville is a hub for senior care and home care companies, including Humana, Kindred Healthcare, Signature Healthcare, and Atria Senior Living. The Thrive Center will serve as a sort of show room for new aging in place technologies for those caregivers.

Training tools

A number of new products targeted at training new doctors or helping seasoned clinicians polish their skills were introduced this quarter.

A new video game aims to help emergency room doctors figure out the level of care needed for different patients. Doctors who played the video game were less likely to under-triage patients than their peers who were given traditional didactic educational tools, according to a new trial led by the University of Pittsburgh School of Medicine. The study, published in the British Medical Journal, found that doctors who played the video game under-triaged 53 percent of the time, compared to didactically trained physicians who under-triaged 64 percent of the time.

In November the FDA cleared EndoVantages' SurgicalPreview, a cloud-based computer modeling platform that lets surgeons upload individual patient's CT scans and then creates a 3D model of the brain with anatomical measurements. The new tool is expected to help doctors choose the precise size of the device for a patient's artery and how to place it correctly. The tool enables clinicians to view stent strategies, calculate aneurysmal volume and neck size and view stent delivery and placement.

Digital tools are also helping medical and healthcare students. A study of a new web-based tool called Learning Moment, which helps medical students track their learning experiences while on rotation, revealed that the most student learning happens in patients' rooms. The tool was developed by clinicians at Boston Medical Center (BMC) and BU School of Medicine to help students reflect on their experiences and share their learning with peers.

Additionally, Johnson & Johnson subsidiary Ethicon and Touch Surgery launched a Virtual Residency Program for surgery students, a new use case for the simulated surgery app launched last fall. The program pre-launched in April and currently has 75 organizations enrolled.

The iOS app takes users through a variety of more than 150 simulated surgical procedures. With realistic 3D rendering, the user can cut, stitch, implant and anything else required, with instructions popping up as they go. The idea is to increase surgical skills globally, especially in areas where access to surgical procedures is poor. For medical students in places even with robust medical schools and training, the app allows for them to practice a complicated surgery or get a preview of what a particular surgery will look like before they actually see it in person.

But it isn't just medical students benefiting from the new digital tools. Researchers at the University of Massachusetts Lowell are currently developing a "virtual child" for professionals

and students working with kids living with autism spectrum disorder. The learning tool will allow these caregivers an opportunity to practice behavioral interventions outside of a real-world situation.

US and UK news

This quarter the UK continued to jump into the digital health game, this time in the North of England. In November the National Health Service Trusts located in England's North East region announced a partnership focused on broadened implementation of digital health strategies. NHS Health Call was initially established by the County Durham and Darlington NHS Foundation Trust, and relied on technologies developed by Harrogate, England-based remote patient monitoring company Inhealthcare. The Trust has now awarded shares in Health Call to five neighboring NHS acute trusts located in the North East in return for active participation in the digital health initiative.

Also in the UK, a new pilot program aims to use telemedicine to improve care during long ambulance rides. In rural Scotland ambulance rides can take as long as four or five hours. Those hours spent in the ambulance are critical, said Neil Fraser, director of space and communications at ViaSat UK.

Global broadband service and technology company ViaSat, announced that it will be partnering with The University of Aberdeen's Centre for Rural Health, NHS Highland, and the Scottish Ambulance Service to pilot a program called SatCare which allows paramedics to send high-resolution videos and ultrasound images from ambulance to hospital based medical experts before the patient arrives.

Meanwhile, the US government seems to be focusing on giving digital health tools to their veteran and military population.

In December Potentia Lab, a behavior changing technology platform, announced that it had won a contract with the Department of Veterans Affairs' Center for Innovation to develop its e-learning platform for veterans living with PTSD. The company's approach to treating PTSD uses positive psychology. Many veterans go to therapy once but don't go back, said David Milner, cofounder of the company. That is where Potentia Labs comes in. The platform teaches users how to build up skills like resilience and optimism, which have been associated with wellbeing.

Additionally, in November the VA announced that Veterans struggling with speech or cognitive disorders will now be able to access therapy through Constant Therapy, a mobile app that provides supplemental coaching and motivation to patients. Veterans eligible for speech or cognitive therapy through the US Department of Veterans Affairs will now be able to use the app for free.

The app is part of the Newton, Massachusetts-based company The Learning Corp. It was developed in 2012 by Boston University Professor Swathi Kiran, who is a specialist in aphasia. She came up with the idea for the app when working with patients and noticed that they could use a tool that combined technology with communication therapy. The app itself launched in 2014 and uses a tool called the NeuroPerformance Engine to gauge a person's strengths and weaknesses.

Research

Researchers at the Mayo Clinic found that using emojis instead of the traditional emotional scales helped assess patients' physical emotional and overall quality of life. The abstract, which was presented at the American Society of Hematology, also found that patients preferred using iPhones and Apple Watches to track outcomes and activity, and that technology was key in collecting study data accurately.

Encouraging patients to help write and add notes to their personal medical charts -- a task typically handled only by medical professionals -- may help patients feel more involved with their own care and improve relationships with their doctors, another study found. In research published in the *Annals of Internal Medicine*, doctors at UCLA Health and Beth Israel Deaconess Medical Center found that patients could benefit if they are invited to co-produce medical notes, called "OurNotes," with their doctors, rather than merely reading them. The practice may also benefit doctors by reducing time spent on documentation.

Finally, voice recognition technology employed by Google Assistant, Google Home, and Google Translate could soon become a transcription tool for documenting patient-doctor conversations. In a recent proof of concept study, Google researchers described their experiences developing two automatic speech recognition (ASR) methodologies for multi-speaker medical conversations, and concluded that both models could be used to streamline practitioners' workflows.

Wearables

The Apple Heart Study, an Apple Watch-based ResearchKit study using the heart rate sensor to look at potential arrhythmias, launched in November, the Cupertino tech giant told MobiHealthNews. Apple Chief Operations Officer Jeff Williams announced the study, which is being conducted in collaboration with Stanford University and with assistance from American Well, at Apple's iOS 8 launch event in September.

The Apple Watch may also soon help patients with major depressive disorder (MDD) record their symptoms easily and accurately. Results from a Cognition Kit study presented at the CNS Summit Meeting in Boca Raton, Florida, suggest that brief cognitive and mood tests administered through the devices obtained results similar to those collected through standard testing and patient assessments.

Using Fitbits to track patients' activity after cancer surgery could be key to predicting readmission rates, according to new study published in *Annals of Behavioral Medicine*. Researchers found that patients who were more active during inpatient recovery had a lower risk of 30-day and 60-day readmission after surgery for metastatic peritoneal cancer.

The study went on to say that using Fitbit and other wearable monitoring devices could help clinicians improve postoperative care.

Finally, Fitbit's wearables are at the heart of recent announcements from diabetes self-management platform One Drop and the City of Santa Monica's Office of Civic Wellbeing. The first reveals an upcoming integration that will allow users to view Fitbit device data from within the One Drop Mobile app, while the latter describes a public health initiative that will provide residents of the city with Fitbit's Alta device.

One Drop will allow users to sync Fitbit data with their diabetes management app to easily view physical activity, sleep, and heart rate metrics. The data will also be incorporated into One Drop

reports, offering physicians and owners of the service's "Expert" and "Professional" versions another view of their personalized data. Further, the One Drop will begin to integrate these data into its own analytics, a move that the company says could pay off with new insights into physical activity and its impact on blood glucose levels.

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4. Focus Resources More Efficiently

4.1 - The Roanoke Times: [Family brings a bit of Christmas to veterans](#) (29 December, 1.5M uvm; Roanoke, VA)

Giles County resident Helen Beavers, daughter Lisa and granddaughters Sydney and Emily delivered 1,800 Christmas cards to the VA Hospital in Salem this year. Cards were donated by Peaks of Otter Daughters of the American Revolution, Captain Sally Tompkins United Daughters of the Confederacy and Walmart of Pearisburg.

Some "elves" of Giles County assisted in signing the cards, including most school students and the 4-H unit directed by Sarah Pratt. This is the second annual project of offering Christmas cards for veterans.

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4.2 - WKMG (CBS-6): [Orlando VA Medical Center doctor accused of DUI suspended, Report shows ophthalmologist was under influence of Rx drugs](#) (28 December, Emilee Speck, 1.1M uvm; Orlando, FL)

ORLANDO, Fla. - An Orlando Veteran Affairs Medical Center doctor has been suspended after Florida Highway Patrol troopers said he was involved in a crash and is accused of driving under the influence of prescription drugs.

Charles Young, 66, was involved in a crash Tuesday morning on Narcoossee Road at Emerson Lake Boulevard with another vehicle, FHP troopers said.

The other driver accused Young of slamming into the back of his car while he had two small children in the back seat, according to the report.

Troopers spoke with Young after the crash and said he was "lethargic, and appeared to be in a daze," according to the FHP arrest report.

After Young performed poorly during a walk-and-turn test and a one-leg stand test, troopers placed him under arrest at 9:54 a.m., they said.

A chemical analysis of Young's urine sample revealed that he was under the influence of several prescription drugs, including a painkiller and a central nervous system depressant, also known as a sedative, according to the arrest report.

CNS depressants are often used to treat anxiety or sleeping disorders, according to the U.S. Food and Drug Administration.

Young has been employed as an ophthalmologist with the Orlando VA Medical Center since March 2008, a center spokeswoman confirmed.

Orlando VA Medical Center public affairs officer Heather Frebe said Young's employer was aware of the arrest and investigating the incident "to include determining if this was a medical, alcohol, or substance abuse issue."

"The Orlando VA Medical Center takes very seriously any allegations of alcohol or substance abuse among its clinicians," Frebe said. "Appropriate action – up to and including termination – will be pursued if warranted."

Young's clinical privileges have been suspended until after the investigation and a clinical case review is complete, Frebe said.

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4.3 - Salisbury Post: [More than 1,300 Cards for a Cause delivered in Rowan Public Library program](#) (29 December, 159k uvm; Salisbury, NC)

SALISBURY — Rowan Public Library's Cards for a Cause campaign collected more than 1,300 cards to be delivered to military service members and veterans this year.

The total well exceeds the library's goal of 1,000 cards. Each library branch — Headquarters (Salisbury), East (Rockwell), and South Rowan Regional (China Grove) — had stations set up for card-making and delivery, and all ages were invited to participate.

Patrons, staff members and community groups including churches and arts groups contributed. Schools including China Grove's Millbridge Elementary and China Grove Elementary also participated.

"It means a lot to them at the recruiting offices and in the military that this area — this community — is so supportive," said Tammie Foster, East Branch children's library associate and the Cards for a Cause coordinator.

The campaign means a lot to many family and friends of service members, Foster said. She remembers one East branch patron who made a card while visiting the library.

"She had a family member serving overseas and told us that it made her feel good to participate in the program," Foster said.

The response warms the hearts of staff members, too, she said.

"It makes me feel good seeing our patrons come in and create a card helping those who can't be home for the holidays," said Foster.

"I have been so moved by the way our community has jumped at the opportunity to spread joy and holiday cheer to service members and veterans," added Emma Rose, East Branch supervisor.

Cards for a Cause began in 2015 at the suggestion of East Branch page Holly Shue. Shue's parents are Navy veterans, and she wanted to do something for those serving away from home. That first year, about 230 cards were collected for Air Force members. In 2016, more than 800 cards were delivered to Air Force members serving both stateside and internationally, with cards going as far away as Afghanistan.

Cards were also submitted for veterans, so this year, Cards for a Cause expanded to add the W.G. Hefner Veterans Affairs Medical Center in Salisbury as a delivery designation.

Cards for a Cause will return next fall.

"It's heartening to see the community response increasing," said Laurie Lyda, South Rowan Regional library supervisor. "I'd love to see us collect even more cards in 2018."

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4.4 - KDLT (NBC-46): [Three Women Retire From The VA After Over 30 Years](#) (28 December, Joe Farrell, 54k uvm; Sioux Falls, SD)

SIOUX FALLS, S.D.- Three women that work, and are retiring, at the VA Medical Center were deservingly honored after a combined 103 years of service. Ann Nelson, Cindy Khan, and Brenda Stevens, were the three women celebrated. All were crucial in starting programs to help veterans struggling with mental illnesses. Ann Nelson started the "adaptive sports program", which helps veterans gain skills and confidence through sports.

"Providing opportunities for quality of life improvement, and no, i feel so honored to get to work with them, and provide them with some positive opportunity", Nelson states. For her, it was all about working to help those veterans, and she considers it an honor to have worked with them.

Nelson plans to continue her work at the VA Medical Center in Sioux Falls as a volunteer. Nelson worked there for 34 years with the same supervisor, office, and title.

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4.5 - Spectrum News 13: [Orlando VA doctor charged with DUI after crash near medical center](#) (28 December, Julie Gargotta, 300 uvd; Orlando, FL)

An Orlando VA Medical Center doctor was arrested and charged with driving under the influence of narcotics after he crashed a few miles away from the hospital Tuesday, records show.

In an arrest report, Florida Highway Patrol troopers said that 66-year-old Dr. Charles Young seemed "lethargic" and "dazed."

He crashed his car into another vehicle before 9 a.m. at the corner of Narcoossee and Tyson roads in the Lake Nona area, shortly after a trooper said he spotted Young driving down Tavistock Lakes Boulevard, then hit a curb and keep driving.

The accident happened a day after Young's birthday 3 miles away from the medical center, where the Department of Veterans Affairs confirmed that Young has worked as an ophthalmologist there for almost a decade.

According to the arrest report, the other driver involved in the collision said that, "[Young] just slammed into the back of me and I have two small children in the back seat," adding, "He could've killed us." The report said there were no injuries from the crash.

Young performed "poorly" on field sobriety tests, according to troopers, but was not drunk, passing a Breathalyzer test.

An FHP dashboard-camera video shows troopers administering the test to Young.

"I want you to follow it with your eyes only and do not move your head," a trooper is heard saying.

Soon after, a trooper says, "Turn around. I'm going to place you under arrest."

The FHP determined that the doctor was under the influence of a depressant and narcotic pain medication and charged him with DUI and damaging property.

The VA would not comment on whether Young reported to work under the influence or whether they made him leave after arriving.

It released a statement:

"We are aware of the arrest and are investigating this matter fully, to include determining if this was a medical, alcohol or substance abuse issue. The Orlando VA Medical Center takes very seriously any allegations of alcohol or substance abuse among its clinicians. Appropriate action — up to and including termination — will be pursued if warranted. Any physicians or health care providers charged with a legal infraction involving substance abuse immediately have their clinical privileges suspended until the matter is settled, and a clinical case review is completed.

Dr. Charles Young is an ophthalmologist with the Orlando VA Medical Center and he has been employed since March of 2008."

A few hours after his arrest, Young bonded out of jail for \$1,000. According to court records, he has an arraignment hearing on Jan. 10.

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5. Improve Timeliness of Service

5.1 - WHBQ (FOX-13, Video): [Politicians, whistleblowers react after vet's 'health worsened' while waiting in VA emergency room](#) (28 December, Tony Atkins, 618k uvm; Memphis, TN)

The Memphis VA is investigating after a veteran's health appeared to decline while he was waiting in the ER during the week of Dec. 18.

An internal investigation of the incident is underway, the VA said.

"He was in our ER and got no help," said Sean Higgins. An Air Force veteran.

Higgins was fired from the Memphis VA in July. He said his fight with the VA isn't just about him, it's also about other veterans as well.

"I don't have an axe to grind with [the] VA," Higgins said. "My problem is I want change for the veterans because we deserve better."

FOX13 broke the story on Wednesday. The VA confirmed they were investigating.

"I'm always in shock, but I'm not surprised," Higgins said.

A ribbon cutting was held for the same ER several weeks prior by VA director David Dunning and Congressman Steve Cohen.

A rep for Cohen gave FOX13 this statement:

"Congressman Cohen will be talking to Director David Dunning about this incident and about personnel levels at the E.R."

Another Tennessee congressman, Phil Roe (R-Tenn.), is aware of the incident as well. Roe is the chairman of the House Committee on Veterans' Affairs. In a statement, a representative said the committee is requesting more information from the VA.

In a statement from the Memphis VA's Medical Center Director David Dunning:

"The Memphis VA Medical Center is aware of a Veteran whose health condition appears to have worsened while waiting to be seen last week in our emergency room. We are communicating with the Veteran's family and following the Veteran's progress. We are currently conducting an internal review and will take appropriate action if warranted."

FOX13 took a look at another hospital's protocol when dealing with ER patients. Baptist breaks their triage in to five parts:

- Level 1: Patients have life-threatening injuries or illnesses that require immediate attention.
 - Examples: Cardiac arrest, respiratory arrest, baby that is limp or unresponsive
- Level 2: Patients require very urgent treatment. The condition of patients with these types of serious illnesses or injuries may deteriorate, or the patient may suffer long-term problems if not treated as quickly as possible.
 - Examples: Active chest pain, signs of stroke, suicidal tendencies

- Level 3: Patients have conditions that are not immediately life threatening and likely will not deteriorate during a wait, but will require two or more resources from hospital departments other than the ER.
 - Examples: Abdominal pain, lower leg pain, severe headache, irregular heart rate, shortness of breath
- Level 4: Patients usually can reasonably wait for treatment at the ER, but will require one resource from another hospital department, such as X-rays.
 - Examples: Bone fractures, sore throat and flu symptoms
- Level 5: Patients can reasonably wait for treatment at the ER or receive treatment at a Baptist Minor Medical Center or a physician's office and will require no additional resources outside of an exam and prescription in the ER.
 - Examples: Allergic reactions with no signs of shock and small cuts that require stitches.

FOX13 is still working to confirm the identity of the veteran who sat in waiting and to learn their current condition. Also FOX13 is working to learn what the VA plans to do to reprimand the issue.

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5.2 - KJZZ (NPR-91.5): [Phoenix VA, CVS Partnership Serves 783 Vets Since Launch](#) (28 December, Mariana Dale, 168k uvm; Tempe, AZ)

A pilot program that allows Phoenix Veterans Affairs' clients to get treatment for minor health issues at CVS clinics has served 783 veterans as of Christmas Day.

"It's a partnership where we're focused on convenience for veterans," said Phoenix VA Chief of Staff Maureen McCarthy. The pilot program launched in April. She said patients average about 120 a month and report they're happy with the program.

"In a lot of ways it helps the veteran who doesn't have to travel," McCarthy said. "It keeps them out of our emergency room or walking into our urgent care clinics. We're happy to do any of those things for them, but when it's convenient and easy for them and they seem to like it, it seems to be a great satisfier."

McCarthy said veterans frequently go to the clinics for coughs, colds and sinus conditions.

How It Works

Veterans call a VA triage nurse (602-222-6550) and press 3. A nurse will evaluate the patient's symptoms and if applicable, refer them to the nearest eligible MinuteClinic.

"It's patient preference, or veteran preference, if they want to pursue the CVS if they have a condition that is treatable there," said Lynn Schneider, the Phoenix VA's primary care nursing chief.

The line was originally open from 8 a.m. to 4:30 p.m. Monday through Friday, but was expanded in October to include nights, weekends and holidays.

The clinic visits are paid for through the Veterans Choice Program. President Donald Trump signed an emergency funding bill last week to extend its budget through Jan. 19.

"That allows us to have the opportunity to continue to serve veterans either here internally or in the community and to coordinate the care between them."

Lawmakers need to approve a new deal to prevent a government shutdown and fund the Veterans Choice program long term.

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5.3 - WTAJ (CBS-10, Video): [Rural veterans rely on health care program](#) (28 December, Lindsey Kennett, 192k uvm; Altoona, PA)

Somerset Borough, Somerset County, Pa. - Veterans living in rural parts of Somerset County rely on the Veterans Choice Program at Somerset Hospital to get the medical treatment they need.

Tom Joyce, a Vietnam War veteran, is in and out of hospitals and doctors' offices.

"I had my neck, my back, my leg. Back again for my arm, back again for my leg and my back," said Joyce, a retired U.S. Army veteran of the 101st Airborne Division.

Larry Mazer, another Vietnam War veteran, took a bad fall and now attends physical therapy three times a week. Mazer isn't new to rehab: he had to do physical therapy after a back surgery and a hip replacement.

"I had to do like three sessions of therapy," said Mazer, ret. U.S. Army Helicopter Crew Chief.

The Veterans Choice Program at Somerset Hospital allows Mazer and Joyce to get medical treatment without driving hours to VAs in Altoona, Johnstown or Pittsburgh.

Mazer said he would have had to drive nearly 4 hours round-trip from Rockwood to the Altoona VA for physical therapy.

"That would have been for me a little bit costly and a little bit time consuming," Mazer said.

Veterans can qualify for the program if they live more than 40 miles from a VA facility or would have to wait more than 30 days for an appointment.

"A lot of veterans won't get the care they need simply because they don't have transportation," said Amber Cross, the Somerset Hospital patient care liaison.

Somerset Hospital adopted the program two years ago. They've treated more than 400 patients and are expanding their in-patient behavioral health care services.

Funding for the national program was set to run out in January, but the White House administration promised more than \$2 billion to relieve the VA system.

"So many veterans use the VA system and it gets bottlenecked because there aren't enough providers to meet the need of veterans," Cross said.

Joyce said veterans deserve to choose when - and where - they get health care.

"We fought for this freedom we have, we suffer from this freedom that we have. That's why we're in the health system. If [the VA] do[es]n't provide the service, you have every right and opportunity to go through the choice program," said Joyce.

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5.4 - Medical Marketing & Media: [VA reaches out to agencies about recruitment campaign](#) (28 December, Alison Kanski, 139k uvm; New York, NY)

The Department of Veterans Affairs is gathering information for a possible marketing and advertising RFP focused on recruiting healthcare professionals to VA hospitals and clinics.

The VA is looking to conduct a nationwide recruitment marketing campaign to attract candidates from certain medical occupations, maximize VA exposure, and foster a positive awareness of VA. The federal department issued the request for information (RFI) at the end of November.

The campaign could include ads, videos, PSAs, and brochures that promote VA as an employer of choice. The agency would also be required to integrate the VA's recruitment website into the national campaign.

The VA wants to ramp up its recruitment and retention campaigns due to the "expanding shortages in physician specialties, nursing, pharmacy, and other occupations, coupled with an aging workforce," according to the RFI. The VA's medical workforce is nearing retirement age and has a shortage of younger professionals joining it, the RFI explained.

The RFI is not asking for proposals, but for agencies to give the VA a sense of what is required to develop and execute the recruitment campaign and to identify agencies that could provide the services. The RFI submission deadline was last week.

In 2013, the VA tapped Washington, DC, communications shop Barbaricum for a similar contract to attract healthcare professionals to rural VA medical centers and encourage veterans and their families to consider a job with the VA. That contract was for one year and worth \$823,000.

In 2014, VA services came under scrutiny after CNN reported that 40 veterans died while awaiting care at a Phoenix health system, and many were placed on a non-public waiting list.

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5.5 - WTOK (ABC-11, Video): [Man's best friend could speed healing at VA](#) (28 December, Kyle Midura, 67k uvm; Meridian, MS)

WASHINGTON (Gray DC) - About one out of every five veterans returns home with invisible wounds of war. An Ohio representative argues assuming command over a four-legged friend could be a key to improving the recovery of struggling veterans.

At holiday parties and among friends, former Army Ranger Nick Starling found himself constantly on high-alert. Starling suffers from hyper-vigilance, a symptom of post-traumatic stress disorder and his tours in Iraq.

But a year-and-a-half ago, a 'Saint' entered his life. "That's why I can have my back to the door right now is because I know he's got my back," said Starling as he talked to our reporter.

Saint is Starling's service dog. The highly-trained rescue relieves Starling's anxiety, allowing him to attend an event like this without feeling the need to seclude himself at home for a week afterward. "So he helps out with that," Starling said with a laugh.

"Anybody that's ever been a pet owner knows that the bond you create with your dog really does make a difference in your life," said Rep. Steve Stivers (R-Ohio).

Stivers wants struggling veterans to take on a new mission while they're in a VA hospital: train dogs to assist others with physical and mental disabilities. In theory, the newfound companion would complement the new trainer's recovery.

"Anything we can do to get these veterans help, we need to focus on," said Stivers.

Stivers said his idea for a pilot project at three hospitals is backed by research into the positive effects of both service and therapy dogs. His proposed law cleared the House but stalled in the Senate in 2016. He hopes the outcome will be different in 2018.

The current bill has significant bipartisan support, but will need to clear several legislative hurdles to sniff any chance of becoming law.

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6. [Suicide Prevention](#)

6.1 - Healio: [Study to examine suicide risk factors among veterans](#) (28 December, 582k uvm; Thorofare, NJ)

In collaboration with America's Warrior Partnership and The Bristol-Myers Squibb Foundation, researchers from University of Alabama will conduct a 4-year, \$2.9 million study to assess risk factors related to suicide, early mortality and self-harm among military veterans.

Led by Karl Hamner, PhD, director of the Office of Evaluation for the College of Education, and David L. Albright, PhD, Hill Crest Foundation Endowed Chair in Mental Health and associate professor in the School of Social Work, at University of Alabama, researchers hope the study, known as "Operation Deep Dive," will allow them to learn more about the risk factors at the organizational and community level to help prevent suicides, according to a press release.

“Previous research has focused primarily on individual-level risk factors, like prior suicide attempts, mood disorders, substance abuse and access to lethal means, but suicide is a complex phenomenon, and those factors don’t paint the whole picture,” Albright said in the release.

The investigators will focus on veterans across the spectrum of service, gender and lifespan, using data from America’s Warrior Partnership, the U.S. Department of Veterans Affairs (VA) and the Department of Defense (DOD). Importantly, there will be an emphasis on female veterans, who are 2.5 times more likely to commit suicide compared with civilian women, according to the release.

Using data from the DOD and the VA will help to identify the medical histories, combat experiences and discharges specific to different veterans, according to the release. Data from the America’s Warrior Partnership will help identify veterans who don’t qualify for VA benefits, including National Guard or Reserve personnel who aren’t activated, or those with a dishonorable discharge.

In the first phase of the study, the investigators will conduct a 5-year retrospective analysis of the DOD service use and pattern of VA care utilization to determine if dishonorable discharges have an impact on suicide, and the differences in suicides between those who receive and do not receive VA services, according to the release. In the second phase, they will conduct a 3-year study including input from medical examiners, mental health experts, veterans, their families and the community to examine all new or suspected suicides. These findings will enable experts to see how the community impacts suicide prevention among veterans.

“Helping to identify the trends or predictors of veterans’ suicide could help immensely in reducing suicide rates and provide much needed interventions for this community,” John Damonti, president of the Bristol-Myers Squibb Foundation, said in the release. “This project will take a deep dive to better understand what was happening at the community level to design better, more targeted intervention programs.”

Disclosures: Damonti is the president of Bristol-Myers Squibb Foundation. Healio Psychiatry could not confirm relevant financial disclosures for Hamner or Albright at the time of publication.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBTV (CBS-3, Video): [Veteran gets home through VA program after WBTV investigation](#) (28 December, Nick Ochsner, 319k uvm; Charlotte, NC)

ASHEVILLE, NC (WBTV) - A once-homeless veteran has a home of his own, months after a WBTV investigation questioned why the US Department of Veterans Affairs refused to offer the veteran further assistance.

In September, WBTV first talked with Greg Armento. At the time, Armento was being made to leave a long-term living facility for homeless veterans operated by an Asheville charity. The facility was paid to provide Armento food and shelter through a VA-funded program known as grant Per Diem, which pays a facility daily to shelter homeless veterans.

Armento filed a federal lawsuit against the organization that runs the Asheville shelter earlier in 2017, claiming supervisors at the facility violated federal labor laws by forcing Armento to perform unpaid labor.

The facility has denied those claims.

In September, when Armento was being forced from the long-term shelter, social workers at the Asheville VA Medical Center had told Armento they would not be able to help him find additional housing and, instead, suggested he plan to stay at an emergency shelter overnight.

But that changed after WBTV's investigation.

Instead of being forced onto the streets, the VA paid for Armento to stay in a hotel while he searched for a new place to live.

Now, Armento is living in a one bedroom apartment paid for through a program known as HUD-VASH. The program is a partnership between the VA and the US Department of Housing and Urban Development.

"You and your news team stepped in and interceded on my behalf with the VA and they took another look at my case and decided 'OK, we're not going to leave any veterans behind'," Armento said in a recent interview.

Armento, who is enrolled full time at a local community college, was able to find an apartment one mile from school.

"I'm very happy with where I'm living now," Armento said. "And I'm really kind of enjoying my life."

Armento said his lawsuit against his old shelter is still pending in federal court.

WBTV has a records request pending with the VA to uncover more information about the operations of the Asheville shelter. So far, the VA has yet to disclose all of the requested records, as required by law.

Similarly, Armento said he has a pending Freedom of Information Act request with the VA that officials continue promising to fulfill but have yet to provide any records.

But, for now, Armento is happy with his situation.

"With you interceding, there was an about-face and the HUD-VASH program pretty much literally saved my life," he said.

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7.2 - Shore News Today: [Brigantine Polar Bear Plunge benefits Fisher House Foundation](#)
(28 December, Ray Schweibert, 58k uvm; Marmora, FL)

Gillian Gonzalez will join hundreds of others when she dives into the icy Atlantic Ocean Monday, Jan. 1.

This will be the third time Gonzalez has joined the masses since the Brigantine Polar Bears Club started the New Year's Day ritual 18 years ago on a bet between friends.

Gonzalez will be chilling with others taking the plunge at Brigantine's 14th Street South beach in a show of solidarity for the Fisher House Foundation, a nonprofit support group for families of veterans and active-military medical patients.

The Brigantine Polar Bears have made Fisher House their sole beneficiary since 2005.

Through pledge support, corporate sponsorship and merchandise sales, the group has raised more than \$500,000 for Fisher House since the fundraising crusade began.

As a U.S. Air Force veteran and spouse of a retired U.S. Navy lieutenant commander, Gonzalez's passion for what the Brigantine Polar Bears are doing runs deep. And as the chairwoman of the Fisher House Peer to Peer fundraising initiatives — who will be joined by other Fisher House staff members at Monday's plunge — her gratitude for what participants in the event are doing runs even deeper.

"We can't do what we do without our donors, and I think one of the most important things for us, since we don't really spend a lot on advertising, is that when you're raising money for us, you're also raising awareness of what we do as well," said Gonzalez, who started volunteering for Fisher House as an active military member in 1994 at Travis Air Force Base in California and joined the foundation staff in 2012.

"There are always people who have never heard about us prior to events like the one in Brigantine. People will often call us and tell us 'You're the best-kept secret in the military nonprofit world.'"

The Brigantine Polar Bears' event has grown to be among the biggest annual contributors that fall within the foundation's Peer to Peer subdivision, which includes dozens of third-party initiatives such as golf tournaments, car shows, art and music events, and other fundraisers.

"When people are fundraising for us, they already have a passion for what we do, and they're really out there telling our story for us," she said. "That was foremost in the minds of the Brigantine organizers when they decided to make us their beneficiary — that the money they raise for us always goes toward new construction of houses."

Philanthropist and real estate developer Zachary Fisher and his wife, Elizabeth, established the first Fisher House in 1990. Through 1993 there were 11 Fisher House locations in the United States, all built and financed by the Fishers and donated to the U.S. Department of Defense and Veterans Administration. Each house is within a short drive of a military medical center or VA hospital, and all family members of recovering soldiers are accommodated free of charge.

"Zachary and Elizabeth built several houses out of pocket, and when they realized this was going to become their legacy, they created the foundation in 1994," Gonzalez said.

U.S. Army veteran David Coker became the foundation's first executive director, a title he still maintains. Coker — largely responsible for growing the number of Fisher Houses from 14 when

he started the foundation to 75 today — will join Gonzalez and several other Fisher House Foundation staff members in taking the plunge Monday.

In 2017 alone, three new Fisher Houses were built. See fisherhouse.org for more information.

Monday's daylong festivities begin about 11 a.m. with corporate-sponsorship check presentations to Fisher House representatives on the 14th Street South beach in front of Laguna Grill & Rum Bar. The winners of an annual costume contest will be announced about 11:30, and the plunge will take place at noon with the sounding of a military cannon.

The Billy Walton Band will take the stage inside Laguna Grill immediately after the plunge, and the Amish Outlaws will perform starting 4 p.m.

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7.3 - Leader Publications: [Scouts place wreaths at Western Reserve National Cemetery](#) (28 December, 35k uvm; Fairlawn, OH)

RITTMAN — Members of Norton Boy Scout Troop 132 and Cub Scout Pack 3132, both sponsored by Johnson United Methodist Church, were among the hundreds of volunteers who helped to place over 14,000 wreaths at the graves of veterans in Western Reserve National Cemetery during Wreaths Across America Day Dec. 16.

Boy Scout Eric Frantz is pictured at right placing a wreath on a grave at the cemetery.

Wreaths throughout the cemetery are shown above.

Now in it's 12th year, the local Wreaths for Western Reserve event is part of the National Wreaths Across America Day of Remembrance, in which volunteers placed wreaths at over 1,200 locations throughout the U.S. and national cemeteries on foreign soil.

Scout officials said this service program helped to instill in Scouts the mission of Wreaths Across America: to remember, honor and teach about the veterans that served their country.

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8. [Other](#)

8.1 - WFED (AM-1500): [A thank you to the year's radio guests](#) (28 December, Tom Temin, 831k uvm; Washington, DC)

Often when we sit down for dinner, my wife will ask, "Who was on the show today?" Usually I scratch my head. "I can't remember," is my reply.

I'm not growing senile. I just have to cram a lot into my head to prepare for interviews. I get the mental equivalent of buffer overflow. Once I wrap a show, the RAM clears.

But that doesn't mean guests don't make an impression. Of the thousands of people I've interviewed here at Federal News Radio, quite a few have made a lasting impression. I learn something from every interview, including from the repeated guests. That's what's great about covering the federal government — there's always something new to learn. It sounds cliché, but this is one great job.

Here are a few of the highlights from 2017.

Twice I've interviewed Veterans Affairs Secretary David Shulkin. The most recent piece aired this week. I haven't met Shulkin in person, but he comes across impressively. He's prepared. He doesn't wander off topic. He's polite, but not one for chit chat. He gives the sense he'll leave VA better than he found it.

Jenni Main floored me. She's the chief financial officer of the Centers for Medicare and Medicaid Services. Don't ever think bean counters lack passion for what they do or for public service. I learned a lot about CMS from Main's interview.

Comptroller General Gene Dodaro is another. He runs the Government Accountability Office. He visits us for an in-studio interview when the bi-annual high risk comes out. You sense that no matter how many years he's served, each report matters to him. GAO people are on weekly. Occasionally they chuckle at something egregious. But they're always fair-minded. They never berate anyone personally.

Always interesting are people at the program level. Joe Pica of the National Weather Service helped shepherd a highly capable new weather satellite into orbit. Victor Convertino of the Army Institute of Surgical Research helps save soldiers from blood loss. Special FBI agent Bryan Drake helped take down a literally evil doctor. So many creative and hard-working public servants the public has mostly never heard of.

Vendors, attorneys, inspectors general, members of Congress, high ranking military officers — all have appeared in the past year. All have contributed to an ongoing, civil discussion about the country and the big and small challenges it faces.

I can't name everyone. Hundreds have appeared this year. But know that the broadcast staff members Lauren Larson, Eric White and I have treasured each guest.

People ask, do we have favorites?

Some we like just for their voices. We've dubbed one guy "Squidward" because he sounds like the SpongeBob SquarePants character. We have a "Marge Simpson." Don't get me wrong. We love accents, dialects and distinctive timbres. They make radio great.

We also appreciate people ready to suggest good topics, willing to answer our questions. People who don't hide behind public affairs. Vendors willing to address issues and not try to peddle products.

I can always tell when a guest is doing his or her first radio interview. Sometimes they tell me beforehand. Sometimes afterwards, in relief that it's over. But everyone is capable of sounding good.

I can also tell when someone is reading a script. That's a guarantee of a curve ball question. You're talking about your work, career and passion. No one needs a script for that. And for radio, you don't need to get dressed up.

I often get asked the question, 'what's the secret of a good interview?'. It's simple. You can't do poorly when talking about what you care about and have knowledge of. Dale Carnegie called the great secret of effective speaking simply talking about something you've earned the right to talk about through experience.

I sometimes joke with guests beforehand, asking them to prepare to be asked whether Mussolini should have invaded Ethiopia. In reality, we ask people about their work. About what motivates them to get up and head out day after day, year after year.

Great stories, all in your own voice.

Happy New Year.

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8.2 - Portsmouth Daily Times: [Chillicothe VA and Shawnee State University Receive State Association Award](#) (28 December, Jenni Dovyak-Lewis, 72k uvm; Portsmouth, OH)

The Chillicothe VA Medical Center and Shawnee State University's Master of Occupational Therapy (MOT) students partnered with the Area Agency on Aging District 7 (AAA7) Regional Long-Term Care Ombudsman Program (RLTCOP) and the AAA7 Department of Community Services to provide the Music and MemorySM program to Ohio's veterans, their caregivers, and others with cognitive impairment in home and community-based care settings.

It is a person-centered approach to dementia care that uses custom playlists on digital music players to reconnect people with dementia to the world around them. Although Music and MemorySM has been utilized in residential based care settings for many years, the state of Ohio was the first state to deploy Music and MemorySM in community-based settings with this project serving as one of the most successful in the state.

Music and MemorySM has been shown to help individuals feel happier and more social, build stronger relationships between caregivers and recipients, and may reduce the use of antipsychotic medications. This particular partnership was unique in that it brought together generations of individuals through the help from the college students to veterans of many ages who were able to experience the benefits of the Music and MemorySM program.

The AAA7 partnered with the MOT students to provide on-site training for the staff of the VA Medical Center and selected adult day care and residential care facilities. MOT students provided hands-on demonstrations during the trainings; showing the deployment sites how to conduct individualized music assessments, use an iPod, purchase iTunes, create playlists, and load iPods with individualized music.

The MOT students worked with the various groups/deployment sites to place i-Pods with individualized playlists into the hands of 165 veterans and others with cognitive impairment living in the community over a year and a half in 2015, 2016 and 2017.

The program continues to be a part of the Chillicothe VA Medical Center and AAA7 Veteran-Directed and Caregiver Support Programs. Sustainability for the project comes from donations to purchase iPods, headphones and music as needed.

The Chillicothe Veterans Affairs (VA) Medical Center and Shawnee State University in Portsmouth were recently presented with the Outstanding Area Agency on Aging Partnership of the Year Award at the Ohio Association of Area Agencies on Aging (o4a) Annual Conference that was recently held in Columbus.

The two organizations were nominated by the Area Agency on Aging District 7, which covers ten counties in Southern Ohio including Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto and Vinton.

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From: (b) (6)
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Bcc:
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Date: Wed Jan 17 2018 07:30:03 CST
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Good morning.

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VA Secretary's Stand-Up Brief

17 January 2018

Executive Summary

The scalpel lawsuit and Aurora storylines sustained coverage for an additional day, while new reporting of the public availability of VA opioid prescribing rates declined. Outlets also followed the reaction to Secretary Shulkin's response to an inquiry medical cannabis.

Storyline	Outlets	Analysis	Trend	Priority
Veteran sues over scalpel left in body	<u>Washington Post</u> , <u>Hartford Courant</u> , <u>IBT</u> , <u>NPR</u> , <u>KFOR (FOX)</u> , <u>News 12</u>	Sustained coverage incorporated recent developments, including a Tuesday call from Sen. Richard Blumenthal (D-Conn.) for OIG to investigate the incident and an alleged admission from a supervising doctor on the 2013 surgery that the VA was at fault for leaving the scalpel behind. This storyline also emerged as the most prominent topic on social media and comprised more than half of its volume.	Sustained	Service
VA won't study medical cannabis	<u>Washington Post</u> , <u>Stars and Stripes</u> , <u>Philadelphia Inquirer</u> , <u>Task & Purpose</u>	Coverage focused on congressional criticism of Secretary Shulkin's response to the inquiry from 10 Democratic HVAC members that urged VA to commit to investigating the efficacy of medical marijuana to treat PTSD and chronic pain. Inclusion of portions of the Secretary's response and other VA messaging shifted the tone of this coverage to balanced.	Emerged	Service
Aurora hospital	<u>Denver Post</u> , <u>Stars and Stripes</u> , <u>KCNC (CBS)</u> , <u>KMGH (ABC)</u> , <u>KDVR (FOX)</u>	This storyline continued to trend with Colorado outlets, which reported Tuesday's announcement that VA plans to open the new Aurora VAMC on 11 Aug. In addition to this new development, coverage also included previously established narratives that followed a potential staffing shortage and a lack adequate space for needed facilities at the new hospital. <i>Stars and Stripes</i> noted that HVAC plans to hold a hearing on the Aurora project this morning.	Long-term	Choice / Resources
Opiate prescribing rates for VAMCs	<u>Orlando Sentinel</u> , <u>WCSC (CBS)</u> , <u>Becker's Hospital Review</u>	The number of regional and local outlets that reported on the opioid prescribing rates of their respective VAMCs declined. This lower level of coverage remained largely supportive.	Declined	Service / Choice



VA Secretary's Stand-Up Brief

17 January 2018

Social Media Takeaway

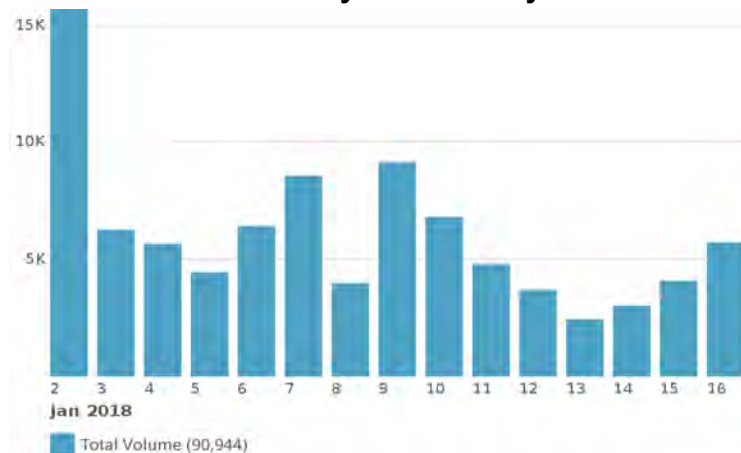
Discussion of a Veteran's suit over a scalpel allegedly left in his body during an operation at a VAMC 2013 emerged as the most prominent topic in social media, where it comprised more than 50 percent of volume.

Key Points

- The [15 Jan. tweet](#) that criticized Rep. Tulsi Gabbard (D-Hawaii) for not attending a hearing on Veteran healthcare in "order to surf" sustained as the most-retweeted post with 210+ additional RTs. This post was also the sole driver of VA-related mentions of #RedNationRising.
- Regardless of the top tweet, the scalpel storyline emerged as the most prominent subject and the [second most-retweeted](#) post (190+ RTs) reflected the critical tone of the activity that surrounded the storyline. With three other tweets from the day's popular posts, this topic accounted for a combined 430+ RTs in the top ten most-retweeted. The top two shared links in social media led to different news outlets' coverage of the storyline.
- User engagement on Facebook was low, with the exception of the main VA page, which garnered increased levels of activity. With 1k reactions, the [most popular](#) post shared coverage of a park named to honor an [African-American WWII Veteran](#) who was denied recognition of his heroism due to the color of his skin.
- Other notable activity on the main VA page was the [Veteran of the Day](#) feature (470+ reactions) and the [second](#) most popular post, which linked to a [profile](#) of a Veteran who earned his college degree while he recovered from a brain injury (530+ reactions).

Twitter and Facebook Volume:

2 January – 16 January



Notable Social Media Items

Platform	Item	Relevance
Twitter	Topic: Veteran sues over scalpel left in body	>50% of Volume
Facebook	KPIX (CBS) - Park Named For War Veteran Robbed Of Recognition For His Heroism	1k Reactions, 220+ Shares
Facebook	St. Louis Public Radio - Veteran earns college degree while recovering from near-fatal brain injury	530+ Reactions, 50+ Shares

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From:

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Subject: [EXTERNAL] 17 January Veterans Affairs Media Summary and News Clips

Date: Wed Jan 17 2018 04:16:41 CST

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180117_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Filename: 180117_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Wed Jan 17 04:16:41 CST 2018



Veterans Affairs Media Summary and News Clips

17 January 2018

1. [Top Stories](#)

1.1 - Washington Post (Video): [VA says it won't study medical marijuana's effect on veterans](#) (16 January, Katie Zezima, 43.9M uvm; Washington, DC)

The Department of Veterans Affairs says it will not conduct research into whether medical marijuana could help veterans suffering from post-traumatic stress disorder and chronic pain, as veterans groups are pushing for the use of the drug as an alternative to opioids and anti-depressants. In a letter to U.S. Rep. Tim Walz (D-Minn.), Department of Veterans Affairs Secretary David Shulkin said VA's ability to research medical marijuana is hampered...

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1.2 - Washington Post: [An Army vet found a scalpel in his gut 4 years after VA hospital surgery](#) (16 January, Derek Hawkins, 43.9M uvm; Washington, DC)

When Glenford Turner had a dizzy spell in March of last year, he went to the Veterans Affairs hospital in West Haven, Conn., to see what was wrong. Doctors ordered an MRI of the 61-year old Army veteran's head. But the real answer, it turned out, was in his gut. According to a federal lawsuit he filed last week in U.S. District Court, Turner was halfway through an examination when a wave of severe abdominal pain hit him.

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1.3 - Denver Post: [VA hospital in Aurora gets August 11 opening date as thorny congressional hearing looms Wednesday - Veterans Affairs panel expected to raise concerns about unfinished tasks and projected lack of staffing The Post reported last week](#) (16 January, Mark K. Matthews, 4.8M uvm; Denver, CO)

After years of delays, the U.S. Department of Veterans Affairs plans to open a new hospital in Aurora on Aug. 11 — although Tuesday's announcement is unlikely to spare the agency from criticism when several of its top officials appear Wednesday before Congress to talk about the troubled project.

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1.4 - Hartford Courant: [Surgeon Admitted Scalpel Left Inside Veteran, Lawsuit Says](#) (16 January, Jesse Leavenworth, 2.1M uvm; Hartford, CT)

Before his prostate surgery in 2013, a U.S. Army veteran acknowledged the risks of going under the knife, his lawsuit against the federal government says. But Glenford Turner of Bridgeport did not count on leaving the West Haven Veterans Affairs Hospital with a five-inch-long scalpel in his gut, according to the suit against the U.S. Department of Veterans Affairs.

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1.5 - Stars and Stripes: [Harsh response to Shulkin's decision that VA won't study medical marijuana for PTSD](#) (16 January, Nikki Wentling, 1.5M uvm; Washington, DC)

Despite pleas from congressmen, veterans and the country's largest veterans service organization asking for research into medical marijuana, the Department of Veterans Affairs won't initiate a study into the drug's effects on post-traumatic stress disorder, VA Secretary David Shulkin wrote in a letter to House Democrats.

[Hyperlink to Above](#)

1.6 - Stars and Stripes: [Beleaguered Colorado VA hospital sees staffing, design challenges before 2018 opening](#) (16 January, Nikki Wentling, 1.5M uvm; Washington, DC)
 Hundreds of tasks need to be completed and hundreds of job openings filled before the new, overbudget and over-deadline Veterans Affairs hospital near Denver – scheduled to open this summer – begins accepting patients. Even when the hospital opens its doors, the old Denver VA and other off-site facilities will remain in use indefinitely because of design flaws at the new campus, located in Aurora, Colo.

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2. [Greater Choice for Veterans](#)

2.1 - KCNC (CBS-4, Video): [VA Hospital In Aurora To Open In August](#) (16 January, 26.4M uvm; Denver, CO)

The Department of Veterans Affairs says the the VA Hospital in Aurora will open in August. Congressman Mike Coffman, a Republican representing Aurora, tweeted an update on the hospital's progress. The construction of the hospital has gone through its share of troubles, including being more than being \$1 billion over budget and a delayed opening.

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2.2 - KMGH (ABC-7, Video): [Aurora VA gets opening date as more problems revealed - VA hearing on hospital set for Wednesday](#) (16 January, Jason Gruenauer, 2.1M uvm; Denver, CO)

The long-awaited and over-budget Veterans Affairs hospital in Aurora now has an opening date of Aug. 11, 2018. But there is much that needs to be done or redone before August arrives. Congressional documents, obtained by The Denver Post, reveal nearly 375 fixes that still need to be done before the hospital can see patients. Those include changing the voltage system of some power outlets...

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2.3 - KDVR (FOX-31): [Aurora VA hospital on track for August opening, congressman says](#) (16 January, 662k uvm; Denver, CO)

— After years of delays and claims of gross mismanagement, the new Veterans Affairs medical center in Aurora is scheduled to open in August, Rep. Mike Coffman said on Tuesday. Coffman said that the Department of Veteran Affairs notified him that they plan to open the hospital on Aug. 11. A House hearing will take place on Wednesday in which the VA which will discuss the over-budget and delayed hospital.

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2.4 - New Hampshire Public Radio: [Manchester VA Reopens Women's Clinic Today](#) (16 January, Peter Biello, 151k uvm; Concord, NH)

The Manchester VA Medical Center is celebrating the reopening of its women's clinic today. A tour of the reconstructed space on the sixth floor will take place as part of the open house scheduled for 5:30 p.m. The reconstructed women's clinic will have its own waiting room and restroom.

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2.5 - Health Data Management: [VA uses IT to help post opioid prescribing rates for facilities](#) (16 January, Greg Slabodkin, 143k uvm; New York, NY)

The Department of Veterans Affairs is the first healthcare system in the country to post information on its opioid-prescribing rates, including dispensing rates for each VA facility displayed on an interactive map that shows data over a five-year period. The agency contends that by publicly releasing this data it will “facilitate the sharing of best practices in pain management and opioid prescribing among doctors and medical center directors.”

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3. [Modernize Our System](#)

3.1 - Politico: [DoD’s EHR Worries](#) (16 January, Mohana Ravindranath, 23.9M uvm; Washington, DC)

The Defense Department and Cerner are hitting the brakes on MHS Genesis, the Pentagon’s EHR system for eight weeks starting today. Amid complaints about various aspects of the rollout, they plan to assess the work so far and address more than 1,600 “open tickets” from the early users of the system at four Washington state medical clinics and hospitals.

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3.2 - FedScoop: [VA CIO: Expect another 10 years of VistA in facilities during new EHR rollout](#) (16 January, Billy Mitchell, 57k uvm; Washington, DC)

The Department of Veterans Affairs’ chief information officer wants to temper the excitement and expectations about the VA’s move to acquire a modern, commercial off-the-shelf electronic health records system to replace its current, decades-old technology. The legacy EHR known as VistA won’t be disappearing any time soon, CIO Scott Blackburn said Tuesday at the AFCEA Health IT Day.

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3.3 - MeriTalk: [Can DoD, VA Come Together on Health Records?](#) (16 January, 35k uvm; Alexandria, VA)

President Donald Trump last week issued an Executive Order on veterans’ health care that included an announcement that the Department of Veterans Affairs (VA) would adopt the same electronic records systems as the Department of Defense (DoD), signing off on what was already a done deal. Emphasis on “deal,” because although the departments are on board with a project that could cost \$10 billion over 10 years...

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4. [Focus Resources More Efficiently](#)

4.1 - Los Angeles Daily News (San Gabriel Valley Tribune): [Former Veterans Affairs worker from Whittier to plead guilty to taking bribes for covering up \\$11 million fraud scheme](#) (16 January, Chris Yee, 886k uvm; Woodland Hills, CA)

A Whittier man who worked for the U.S. Department of Veterans Affairs was charged Tuesday for lying about accepting hundreds of thousands of dollars in bribes from a parking lot operator as part of a scheme that defrauded the agency of about \$11 million, according to the U.S. Attorney's Office.

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4.2 - Government Executive: [It's Unclear Whether New Law and Push from Trump Have Increased VA Firings](#) (16 January, Eric Katz, 852k uvm; Washington, DC)

In June, President Trump said a new measure to ease the firing of employees at the Veterans Affairs Department that he was signing into law marked a “transformative change.” One year into his presidency, however, and six months after the enactment of the law, the administration that made firing more employees at VA a cornerstone of its veterans policy agenda has yet to fully realize Trump’s promise.

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4.3 - FedSmith: [50-Count Indictment Leads to Indefinite Suspension at VA](#) (16 January, Susan McGuire Smith, 276k uvm; Washington, DC)

This recent case illustrates how an agency can use the “crime exception” to expedite processing of an indefinite suspension in a situation where an employee is charged with criminal activity. (Henderson v Department Veterans Affairs (CAFC No. 2017-1071, 12/26/17)) The facts are taken from the appeals court decision sustaining the indefinite suspension.

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4.4 - WLUC (NBC-6): [American Legion leadership visits Iron Mountain V.A. Hospital](#) (16 January, David Jackson, 276k uvm; Negaunee, MI)

Leadership for the Michigan detachment of the American Legion is on a tour of U.P. Veterans Affairs facilities. Tuesday, January 16th 2018, they took a tour of the Oscar G. Johnson V.A. Medical Center. The American Legion was established by Congress in 1919, and now has more than 2.2 million members across 13,000 posts nationwide.

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4.5 - Charleston Regional Business Journal: [Fisher House opens in Charleston to support veterans, families](#) (16 January, Patrick Hoff, 45k uvm; Mount Pleasant, SC)

In 2012, Charleston-area couple Trux and Durbin Emerson were looking for a way to give back to their community, especially veterans who lived in the Lowcountry. The Emersons approached retired Maj. Gen. James Livingston, a Medal of Honor recipient and Charleston-area resident, for his thoughts on how they could give back. Livingston suggested the couple fundraise to build a Fisher House

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5. [Improve Timeliness of Service](#)

5.1 - International Business Times (Video): [Veteran Sues VA Department For Surgery That Left Scalpel In His Body](#) (16 January, Gayatghri Anuradha, 15.8M uvm; New York, NY)

A veteran filed a lawsuit against a Connecticut hospital claiming a scalpel was left in his body for four years after his surgery, reports said Monday. Faxon Law Group filed the lawsuit against the Department of Veterans Affairs on behalf of 61-year-old United States Army veteran Glenford Turner, who had his cancerous prostate removed in robot-assisted laparoscopic surgery at the VA Connecticut Healthcare System, West Haven Campus in 2013.

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5.2 - NPR: [Veteran Sues After Scalpel Found Inside His Body 4 Years After Surgery](#) (16 January, Merrit Kennedy, 21.9M uvm; Washington, DC)

Glenford Turner had surgery in 2013 at a Veterans Affairs hospital in Connecticut. Four years later, according to a new lawsuit, doctors discovered that a sharp metal surgical instrument had been accidentally left inside the Army veteran's body. "It's perplexing to me how they could be so incompetent that a scalpel that really should only be on the exterior of your body not only goes into the body but then is sewn into the body..."

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5.3 - Orlando Sentinel: [VA makes opioid prescribing rates public for first time](#) (16 January, Naseem S. Miller, 4.8M uvm; Orlando, FL)

The opioid prescription rates at the VA medical centers in Florida dropped by at least 25 percent between 2012 and 2017, according to a new interactive map posted online by the Department of Veterans Affairs. VA for the first time made the information public this month as part of its "efforts to be the most transparent agency in government," according to its website.

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5.4 - The Roanoke Times: [Local hospitals coping with IV bag shortage](#) (16 January, Luanne Rife, 1.5M uvm; Roanoke, VA)

Local hospitals are not immune to the IV bag shortage being experienced nationwide that began soon after Hurricane Maria knocked out power in Puerto Rico four months ago. "I've been with Carilion 11 years. Drug shortages have been going on the entire time. A lot of it takes place behind the scenes, and there is very little impact to the end user," Jason Hoffman, inpatient pharmacy director at Carilion Roanoke Memorial Hospital.

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5.5 - KFOR (NBC-4, Tribune Media Wire, Video): [Veteran says he found VA hospital scalpel in his abdomen after excruciating MRI](#) (16 January, Nadia Judith Enchassi, 1.5M uvm; Oklahoma City, OK)

An Army veteran is suing a Connecticut Veterans Affairs hospital after he said doctors found a scalpel that had been left in his body four years earlier. According to attorneys at the Faxon Law Group, Glenford Turner, 61, and a United States Army veteran from Bridgeport, was at the VA Connecticut Healthcare System, West Haven Campus, for a scheduled MRI after experiencing a recent episode of dizziness and long-term abdominal pains.

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5.6 - News 12 Connecticut (Video): [Bridgeport resident, army vet sues VA over scalpel left in body after surgery](#) (16 January, 959k uvm; Norwalk, CT)

An Army veteran who says someone left a scalpel inside him after surgery is suing a West Haven veteran's affairs hospital. Glenford Turner, of Bridgeport, says the scalpel was only discovered years later, after he suffered from long-term abdominal pain. Turner sued the VA in U.S. District Court last week, seeking unspecified compensatory damages.

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5.7 - WCSC (CBS-5): [Opioid prescriptions at Ralph H. Johnson VA decrease nearly 50 percent over 5 years](#) (16 January, Karina Bolster, 827k uvm; Charleston, SC)

The Ralph H. Johnson VA Medical Center has seen a nearly 50 percent decrease in the number of opioid prescriptions, according to new data released Monday. In an effort to be "the most transparent agency in government", the Department of Veteran Affairs released data pertaining to the number of opioid prescriptions dispensed at medical centers across the United States.

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5.8 - Becker's Hospital Review: [Tennessee VA hospital cuts opioid prescriptions by 49% since 2012](#) (16 January, Brian Zimmerman, 441k uvm; Glencoe, IL)

Johnson City, Tenn.-based Mountain Home Veterans Affairs Medical Center reduced opioid prescriptions by 49 percent from 2012 to 2017, according to federal data updated Monday. Over the five-year period, the number of patients prescribed opioids at the facility dropped from 19 percent in 2012 to 10 percent in 2017. The decrease represents one of the most substantial reductions in the Veterans Affairs health system, according to a report from WJHL.

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5.9 - Philadelphia Inquirer: [When the VA lies to Congress about medical marijuana, it lies to our wounded warriors](#) (16 January, John Hudak, 295k uvm; Philadelphia, PA)

In October, the Democratic members of the House Veterans Affairs Committee wrote a letter asking VA secretary David Shulkin why his department is not conducting research into medical marijuana. In the letter, ranking member Tim Walz (Minn.) and the other nine Democratic committee members note that in many states that have medical marijuana programs, cannabis is recommended for PTSD and/or chronic pain...

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5.10 - WEAU (NBC-13): [Veterans could receive reimbursement after emergency medical visits](#) (16 January, Abigail Hantke, 276k uvm; Eau Claire, WI)

Local veterans could see some money back to help pay their bills after an emergency medical visit at a non-VA facility. "They're not everywhere and emergencies can happen everywhere," said local veteran Michael Ludvik, who served in the Marines. Planning and emergencies do not go hand-in-hand. So making sure you're covered by your insurance during an emergency trip to the doctor, doesn't always work in your favor.

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5.11 - Task & Purpose: [VA Says It Will Not Study Effects Of Medical Marijuana On PTSD And Chronic Pain](#) (16 January, James Clark, 102k uvm; New York, NY)

The Department of Veterans Affairs will not conduct research into the effects of medical cannabis on post-traumatic stress disorder and chronic pain — some of the very ailments veteran patients rely on the drug to treat. In a Dec. 21 letter to Minnesota Democrat Rep. Tim

Walz, VA Secretary David Shulkin said that the department is unable to research medical cannabis due to federal restrictions.

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5.12 - HC+O News: [San Jose Veterans Affairs Clinic Brings Healing Oasis to Patients](#) (16 January, Roxanne Squires, 14k uvm; San Rafael, CA)

Interdisciplinary architecture and design firm Hoefer Wysocki Architecture, of Leawood, Kan., completed construction of a 95,000-square-foot, three-story facility for the Veterans Affairs (VA) outpatient clinic in San Jose this January. The \$40 million facility will now provide much-needed services for veterans and their families, with a new ultra-modern, sustainable design created to offer what is being dubbed as a “healing oasis” for patients at the San Jose clinic.

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6. [Suicide Prevention](#)

6.1 - Washington Times: [Analysis/opinion - Lowering the suicide rates of those who serve](#) (16 January, Jacy Gomez, 10.8M uvm; Washington, DC)

President Donald Trump last week signed an executive order which seeks to lower suicides rates among our nation’s veterans. The order, which would take effect in March, expands mental health services for transitioning veterans upon their return home to civilian life. Mr. Trump hailed the order as a “historic step to make sure that our incredible veterans are taken care of in a proper manner.”

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6.2 - WJHL (CBS-11, Video): [VA reps to discuss impact of opioid reduction on suicides during summit](#) (16 January, Nate Morabito, 623k uvm; Johnson City, TN)

Several Veterans Affairs representatives are expected to speak about the impact of opioid discontinuation on suicides during the National Prescription Drug Abuse and Heroin Summit in April. According to the summit’s agenda, those VA employees will discuss, among other things, Department of Veterans Affairs’ data that shows, “In two sets of fiscal years — 2010-2011 and 2013-2014...

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6.3 - Patient EngagementHIT: [Executive Order Calls to Aid Veteran Access to Mental Healthcare - The executive order calls on the DoD, VA, and DHS to create protocol that enable veteran access to mental healthcare within one year of exiting the services.](#) (16 January, Sara Heath, 21k uvm; Danvers, MA)

January 16, 2018 - President Trump has signed an executive order aimed at expanding veteran access to mental healthcare during transitions from military service to civilian life. The order, titled “Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life” requires the Departments of Defense, Veterans Affairs, and Homeland Security to create protocol that would ensure veterans receive mental healthcare for at least one year following leaving the uniformed services.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Washington Examiner: [Veterans seeking homeownership need protection](#) (17 January, Rob Posner, 4.8M uvm; Washington, DC)

As CEO of NewDay, I'm seeing a disturbing trend within our mortgage industry that hurts veterans through their Department of Veterans Affairs home loans — the very loans intended to reward these patriotic citizens for their service to our nation. Veterans with VA loans are being hurt by a few lenders offering to save them money on their monthly mortgage payments.

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7.2 - The Weekly Standard: [Fact Check: Did Trump End a VA Program for Homeless Vets?](#) (16 January, Holmes Lybrand, 2.1M uvm; Washington, DC)

An article published on December 6, 2017, claimed that Donald Trump's administration had cut a Veterans Affairs program for homeless veterans while the number of homeless veterans increased. "Trump ends homeless vets program as their numbers rise for first time in 7 years," the headline from Shareblue Media runs.

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8. Other

8.1 - The Hill: [A 2018 challenge to government animal experimenters: find your own funding](#) (16 January, Anthony Bellotti, 11.8M uvm; Washington, DC)

Right now, the VA doles out more than \$1,600 to purchase 6-month-old beagles, hounds or mixed-breed dogs. The white coats at the VA then spend hundreds of thousands of our tax dollars to surgically induce heart attacks by injecting latex into the puppies' arteries and then stressing their damaged hearts by forcing them to run on a treadmill. Congress members have noted that some of the experiments are placed in the government's "maximum pain" category because the dogs' pain and distress are left unrelieved.

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[1. Top Stories](#)

1.1 - Washington Post (Video): [VA says it won't study medical marijuana's effect on veterans](#) (16 January, Katie Zezima, 43.9M uvm; Washington, DC)

The Department of Veterans Affairs says it will not conduct research into whether medical marijuana could help veterans suffering from post-traumatic stress disorder and chronic pain, as veterans groups are pushing for the use of the drug as an alternative to opioids and anti-depressants.

In a letter to U.S. Rep. Tim Walz (D-Minn.), Department of Veterans Affairs Secretary David Shulkin said VA's ability to research medical marijuana is hampered by the fact that the drug is illegal federally. Shulkin's letter came in response to an inquiry by 10 Democrats on the House Veterans' Affairs Committee. The letter asks Shulkin to commit the VA to investigating whether medical marijuana can help veterans suffering from PTSD and chronic pain and identify barriers to doing so.

"VA is committed to researching and developing effective ways to help Veterans cope with post-traumatic stress disorder and chronic pain conditions," Shulkin wrote in a response to the members of Congress. "However, federal law restricts VA's ability to conduct research involving medical marijuana, or to refer veterans to such projects."

The response comes as at least 29 states, plus the District of Columbia, Guam and Puerto Rico, have legalized the use of medical marijuana in some form. Veterans groups, including the American Legion, have been pushing for the drug to be studied and used to help ease the effects of PTSD, chronic pain and other disorders.

"What America's veterans need prioritized right now is for cannabis to be treated as a health policy issue," said Nick Etten, founder and executive director of the Veterans Cannabis Project. "We're desperate for solutions for the conditions we're dealing with."

According to a 2017 VA review, about 15 percent of veterans treated at outpatient PTSD clinics reported using marijuana in the previous six months. According to an American Legion phone survey released in November, 22 percent of veteran household respondents said they used cannabis to treat a medical condition. Ninety-two percent of veteran households surveyed for the Legion said they support researching whether marijuana can effectively treat mental and physical conditions and 82 percent said they want to have medical cannabis as a legal treatment option.

Last month the Veterans Health Administration urged patients to discuss medical marijuana use with their doctors. The shift will allow doctors and patients to determine what, if any, effect marijuana use might have on treatment plans. Veterans were earlier concerned that admitting to marijuana use could jeopardize their benefits. But VA physicians still cannot refer patients to state medical marijuana programs because of the federal prohibition.

John Hudak, deputy director of the Center for Effective Public Management at the Brookings Institution, said even though marijuana is illegal federally, research on the drug is not prohibited.

“Obviously it is federally illegal, but there are no restrictions on doing scientific research on it. Universities do this all the time and there’s a process to go through,” he said, noting that the National Institute on Drug Abuse funds cannabis research. “It’s really a cop out for the VA to say, ‘oh, we’re not doing work on this because of federal law’ when actually federal law allows them to do that.”

Shulkin’s response was “disappointing and unacceptable,” Walz, the House committee’s ranking member, said in a statement.

“VA’s response not only failed to answer our simple question, but they made a disheartening attempt to mislead me, my colleagues and the veteran community in the process” by stating that the VA is restricted from conducting marijuana research. Walz, a veteran, said he plans to send another letter to Shulkin asking for further clarification.

A spokesman for Shulkin pointed to the secretary’s past comments on medical marijuana. Shulkin said in May, “My opinion is, is that some of the states that have put in appropriate controls, there may be some evidence that this is beginning to be helpful. And we’re interested in looking at that and learning from that. But until the time that federal law changes, we are not able ... to prescribe medical marijuana for conditions that may be helpful.”

Shulkin said VA is offering a suite of alternative treatments for patients with PTSD, including yoga, meditation, acupuncture and hypnosis. The letter also said VA has a program to reduce the amount of opioids prescribed to patients with chronic pain; since 2013, Shulkin wrote, 33 percent fewer patients were receiving opioids.

There has not been much research into marijuana for medical purposes, in large part because of regulatory hurdles and the fact that marijuana is classified as a Schedule 1 drug along with substances including heroin. Until 2016, only researchers at the University of Mississippi were allowed to grow marijuana for scientific use; the DEA relaxed the rules and let other institutions apply to do so, though none have yet been approved.

President Trump said during the campaign that he supports making medical marijuana available to the very sick. His attorney general, Jeff Sessions, is a staunch opponent of marijuana. Sessions this month made it easier for prosecutors to enforce federal law in states that legalized marijuana. Eight states and the District allow the recreational use of marijuana.

Shulkin cited a VA analysis of existing research, which found “insufficient evidence” that medical marijuana helps patients with chronic pain or PTSD and could increase harm in some areas, including car crashes. A study by the National Academies of Sciences, Engineering and Medicine that reviewed studies on the health effects of marijuana and associated products found they can provide a “significant reduction in pain symptoms” for chronic-pain patients. But many say there has been a paucity of research.

“There has been no meaningful clinical research conducted on PTSD and brain injuries,” Etten said.

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1.2 - Washington Post: [An Army vet found a scalpel in his gut 4 years after VA hospital surgery](#) (16 January, Derek Hawkins, 43.9M uvm; Washington, DC)

When Glenford Turner had a dizzy spell in March of last year, he went to the Veterans Affairs hospital in West Haven, Conn., to see what was wrong. Doctors ordered an MRI of the 61-year old Army veteran's head. But the real answer, it turned out, was in his gut.

According to a federal lawsuit he filed last week in U.S. District Court, Turner was halfway through an examination when a wave of severe abdominal pain hit him. The procedure was stopped, and doctors took a closer look.

An X-ray image of his midsection showed, to quote the lawsuit, “an abandoned surgical instrument in plaintiff's body.”

In other words, a scalpel — the same scalpel, Turner and his attorney allege, that was used in prostate surgery he underwent at the same hospital four years earlier.

Turner's lawsuit accuses the U.S. Department of Veterans Affairs of negligence and seeks unspecified compensatory damages for the allegedly botched operation.

The case drew the attention of Sen. Richard Blumenthal (D-Conn.), who said he was appalled by the “egregious medical malpractice case.”

“While the court determines liability, I have asked for a detailed explanation from VA of this deeply troubling report,” Blumenthal said in a statement Monday. “I am demanding also full accountability so this kind of horrific negligence never happens again. America owes our veterans the world's best medical care, nothing less.”

A Veterans Affairs spokesperson told the Associated Press that the department doesn't typically comment on pending litigation.

Veterans Affairs hospitals around the country have long come under fire for unsanitary conditions, staffing shortages and other lapses in patient care. In 2014, Eric K. Shinseki resigned as secretary after the department's internal watchdog issued a report finding that employees throughout the VA health-care system conspired to hide months-long wait times. Claims of poorly trained staff, asbestos contamination, absentee nurses and other issues were more recently outlined in a September Boston Globe report that described how employee whistleblowers were turning against the department in record numbers.

Across the U.S. health-care system as a whole, “retained surgical bodies” — the scientific term for surgeons leaving things in patients' bodies — is more common than you might think. The National Institutes of Health estimates that surgeons and their assistants sew their patients up without retrieving their tools about 1,500 times per year. But a 2013 USA Today review of government data, academic studies and legal records found the figure was more likely between 4,500 and 6,000 times per year.

Metal instruments occasionally get left behind, but most of the time, doctors find sponges and wipes, which are more dangerous because they can cause life-threatening infections.

Retained surgical bodies “occur due to a lack of organization and communication between surgical staff during the process,” NIH wrote in a February 2017 report. “During surgery, systems are in place to create a safe environment for the patient while the surgeon works with sponges and instruments; however, they are not impervious to human error.”

In one case highlighted by NIH in 2014, a 36-year-old woman excreted part of a surgical forceps in her stool three years after surgeons removed a cyst in her liver. The remainder of the device was found in her abdomen and removed.

Turner says he received robotic-assisted prostate cancer treatment at VA Connecticut Healthcare System in West Haven, Conn., in August 2013. He complained of long-term abdominal pain afterward, his lawyer said in a statement, that became significantly worse the day of his hospital visit last year.

For reasons not made clear in court papers, doctors didn't remove the scalpel until a nearly a month after they discovered it. Following the operation, the lawsuit says, VA Connecticut Healthcare officials admitted fault.

"Plaintiff did not discover, and in the exercise of reasonable care could not have discovered, that the abandoned surgical instrument had been left in his body by the defendant's agents, apparent agents, contractors and/or employees," the lawsuit reads.

Turner filed an administrative claim over the alleged error in June 2017, but the VA's lawyers never responded beyond saying they had received the claim, according to the lawsuit.

Turner's wife, Colleen Jacks-Turner has an allegation in the case as well. As a result of the hospital's negligence, she says, she lost her husband's "company, society, services and affections."

"Mr. Turner served our country proudly for decades," Turner's attorney, Joel Faxon, said in a statement. "It is shocking that in return for that service the VA thanked him by deploying a rookie surgical trainee to perform the surgery who showed an incomprehensible level of incompetence by losing the scalpel in Mr. Turner's abdomen and not bothering to find it."

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1.3 - Denver Post: [VA hospital in Aurora gets August 11 opening date as thorny congressional hearing looms Wednesday - Veterans Affairs panel expected to raise concerns about unfinished tasks and projected lack of staffing The Post reported last week](#) (16 January, Mark K. Matthews, 4.8M uvm; Denver, CO)

WASHINGTON — After years of delays, the U.S. Department of Veterans Affairs plans to open a new hospital in Aurora on Aug. 11 — although Tuesday's announcement is unlikely to spare the agency from criticism when several of its top officials appear Wednesday before Congress to talk about the troubled project.

The unfinished hospital already is long overdue and \$1 billion over budget, and, according to documents obtained last week by The Denver Post, there's plenty of work left to do before it can treat patients.

Hundreds of tasks remain unfinished — such as replacing weak walls that can't hold mounted X-ray machines — and it's unlikely the VA will be able to hire enough workers to fully staff the hospital when it opens, which could cause a reduction in services.

The U.S. House Committee on Veterans' Affairs is expected to raise these issues Wednesday at 8 a.m. Mountain time when it meets with several top VA leaders, including Stella Fiotes, one of its top construction officials.

"For tomorrow's oversight hearing, I will be prepared to ask the tough questions in order to get to the bottom of what remains a plagued hospital construction project," Republican U.S. Rep. Mike Coffman of Aurora, who sits on the committee, said in a statement.

On Tuesday, Coffman wrote on Twitter that he "just got notification" from the VA about the Aug. 11 opening.

Testimony that Fiotes plans to give Wednesday also makes mention of an August opening.

The project's expected price tag will be \$1.7 billion for construction and about \$340 million to outfit the facility with furniture and medical equipment.

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1.4 - Hartford Courant: [Surgeon Admitted Scalpel Left Inside Veteran, Lawsuit Says](#) (16 January, Jesse Leavenworth, 2.1M uvm; Hartford, CT)

Before his prostate surgery in 2013, a U.S. Army veteran acknowledged the risks of going under the knife, his lawsuit against the federal government says.

But Glenford Turner of Bridgeport did not count on leaving the West Haven Veterans Affairs Hospital with a five-inch-long scalpel in his gut, according to the suit against the U.S. Department of Veterans Affairs.

U.S. Sen. Richard Blumenthal on Tuesday demanded answers from VA leaders "for allegations of appalling medical malpractice." Pamela Redmond, a spokeswoman for VA Connecticut Healthcare, said the agency would not comment on pending litigation.

An unnamed urologist who reviewed Turner's records wrote in an opinion attached to the lawsuit that "a fifth-year urology trainee," Dr. Jaimin Shah, performed the radical prostatectomy and was supervised by Dr. Preston Sprenkle.

The unwanted hardware was discovered last March, and Turner, 61, had successful surgery to remove it on April 26. The pelvic pain he had suffered for four years vanished after that, the suit says.

After the scalpel was removed, Sprenkle called Turner "and confirmed and acknowledged that VA Connecticut Healthcare was at fault for leaving a foreign object" in Turner's body, the urologist wrote in the opinion. Turner was quoted as saying in an affidavit, "Dr. Sprenkle explained that he believed the scalpel knife was used to hold open an incision and was mistakenly left inside me."

Turner's attorney, Joel Faxon of New Haven, described the incident as "an incomprehensible level of incompetence." Seeking unspecified compensatory damages, the suit claims Turner suffered pain, additional surgery, hospitalization, prolonged rehabilitation, medical expenses and lost work time.

Blumenthal, a member of the Senate Committee on Veterans' Affairs, wrote letters on Tuesday to VA Secretary David Shulkin and VA Inspector General Michael Missal, seeking an investigation into Turner's case and a review of federal policies.

"The complaint in this case indicates that the doctor admitted responsibility to the veteran and that a tort claim was filed, but that the VA never responded to such a filing," Blumenthal wrote to Shulkin.

"If the doctor's admission is true and the VA did not take steps to resolve the claim, then the agency has compounded the medical negligence," the senator wrote.

Turner is among a relatively few patients across the nation who are sewn up with sponges, needles, small towels, instrument fragments and entire instruments mistakenly left inside them. "Retained surgical items" occur in as many as one in every 5,500 operations, according to a 2014 study published in the Journal of the American College of Surgeons.

"The adverse outcomes, additional medical care needed, and medico-legal costs associated with these events are substantial," the study (<http://bit.ly/2mLafKX>) says.

A study of 100 health care organizations from 2011-12 found 428 incidents of items mistakenly left inside patients, including 128 sponges, 43 needles, 171 instrument fragments, 77 whole instruments and 9 towels.

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1.5 - Stars and Stripes: [Harsh response to Shulkin's decision that VA won't study medical marijuana for PTSD](#) (16 January, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — Despite pleas from congressmen, veterans and the country's largest veterans service organization asking for research into medical marijuana, the Department of Veterans Affairs won't initiate a study into the drug's effects on post-traumatic stress disorder, VA Secretary David Shulkin wrote in a letter to House Democrats.

The letter, dated Dec. 21 and publicly released Tuesday, was written in response to a request in October from Democrats on the House Committee on Veterans' Affairs for the VA to initiate research into the efficacy of medical cannabis. In their request, the Democrats cited the country's opioid crisis and the growing demand from veterans and major service groups that want cannabis available as a treatment option for chronic pain and PTSD.

"VA is committed to research and developing effective ways to help veterans cope with post-traumatic stress disorder and chronic pain conditions," Shulkin wrote. "However, federal law restricts VA's ability to conduct research involving medical marijuana, or to refer veterans to such research projects."

The letter states that a VA review last year of existing research found a connection between marijuana use and increased odds of suicide, as well as increased evidence of mania and psychotic symptoms. It calls attention to the VA's efforts to reduce opioid prescriptions, and the letter lists alternatives available to veterans through the VA, including yoga, acupuncture, massage therapy and tai chi.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House VA oversight committee, who signed the October letter, on Tuesday called Shulkin's response "disappointing and unacceptable" and an attempt to mislead the veterans community.

Walz and other Democrats fired back a request Tuesday for Shulkin to explain the specific barriers preventing the VA from researching marijuana. They asked for an explanation by Feb. 1.

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1.6 - Stars and Stripes: [Beleaguered Colorado VA hospital sees staffing, design challenges before 2018 opening](#) (16 January, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — Hundreds of tasks need to be completed and hundreds of job openings filled before the new, overbudget and over-deadline Veterans Affairs hospital near Denver — scheduled to open this summer — begins accepting patients.

Even when the hospital opens its doors, the old Denver VA and other off-site facilities will remain in use indefinitely because of design flaws at the new campus, located in Aurora, Colo.

These findings were detailed in a House Committee on Veterans' Affairs document obtained by Stars and Stripes on Tuesday and first reported on by The Denver Post. The document states that costs associated with the new hospital — which climbed more than \$1 billion overbudget — are not likely to escalate further, but there are other challenges the VA must face before opening the new campus.

"It's a gorgeous facility, but it's odd. It's strange. I told them, 'You're going to have a tough job with this,'" said Rep. Phil Roe, R-Tenn., chairman of the House VA committee. "But they're ready to get in there, and I feel confident they'll make it work."

Roe, a former OB-GYN, and other committee members toured the old Denver VA and the under-construction hospital, recently named the Rocky Mountain Regional Medical Center, last week. They found some things that seemed impractical, such as a too-small emergency room and a layout that obviously wasn't created with input from medical professionals, Roe said.

The committee will hold an oversight hearing on the issue Wednesday morning, with testimony from Stella Fiotes, acting principal executive director of VA acquisition, logistics and construction.

Former Rep. Jeff Miller, R-Fl., the previous chairman of the House VA committee, called on the VA in 2016 to fire Fiotes because of her involvement with the project. Government watchdogs have found that leaders behind the planned hospital agreed to a grandiose design and ignored repeated, early warnings about costs, driving the project into financial failure. An inspector general report didn't specifically say Fiotes was involved.

'Dauntingly large' hospital doesn't provide enough space

The Rocky Mountain VA has taken 20 years to develop. Construction costs were estimated in 2009 at about \$538 million, with a target completion date of 2013. Latest estimates put the total cost at \$1.7 billion, plus another \$338 million for final work before the hospital opens.

That work involves 375 tasks, the document states, including installing fixtures and HVAC systems and configuring medical equipment. Workers must also fix mistakes with the facility, such as replacing walls in dental exam rooms that aren't strong enough to support wall-mounted X-rays, and replacing plate glass windows in pharmacies that don't allow employees to talk or pass items to patients.

Large-scale design problems mean the campus – at 1.21 million square feet – isn't creating more useable clinical space when compared to the old, 600,000 square-foot Denver hospital. There's more inpatient room at the new hospital – which the document describes as “dauntingly large” -- but less space for primary care and outpatient services. The number of primary care rooms will decrease from 60 at the existing hospital to 34 at the new one.

Roe said the decrease in inpatient beds may not be as significant of a problem as it seems because health care systems countrywide are pushing more medical procedures into outpatient settings.

The layout could become an issue, though, he said. For example, Roe continued, inpatient services are located approximately 1,000 feet away from where X-rays are provided.

“I think one of the problems was, the architects and leadership didn't involve the clinical people – the maintenance people, environmental services, nurses, physicians,” Roe said. “They should've been involved from day one. But that's water over the dam now.”

Roe said it was a possibility the VA would have to lease community-based outpatient clinics in the Denver area in the near future.

VA researchers and a prosthetics lab will remain at leased, off-site facilities, and a PTSD Residential Rehabilitation Facility and seven patient-aligned care teams will remain at the old Denver hospital for at least three years, the document states.

A new PTSD building was part of initial plans for the new Rocky Mountain campus but eliminated when costs soared. A proposal is stalled in Congress for a PTSD facility to be added back into the project.

Maintaining services at the old VA will increase costs because of duplicate staffs for food, security and administration. The old hospital needs \$350 million in improvements, and if the facility is still in use by 2023 those costs will have to be incurred, according to the document.

Hundreds of staff positions remain unfilled

The construction contract on the Rocky Mountain VA ends Jan. 23, at which point the VA will award another contract for design corrections, renovations and final completion. That work is estimated to be done in June, and then IT systems can be turned on, staff trained and patients moved.

Roe said the agency is aiming for an August completion.

Before then, the VA must hire 421 total new employees, the committee document states. It's already hired 199 and has 222 positions remaining. If the VA doesn't fill the jobs, the opening won't be delayed, but it open unable to provide all services the agency said it would offer.

The existing VA campus in Denver was already facing hiring challenges, and local VA staff are pessimistic about filling new jobs, according to the document. Of the 2,787 positions at the existing VA, 653 are vacant, including 77 mental health professionals.

Roe said it would be a challenge – but it's not one unique to Denver.

As of the end of June, the VA reported 34,000 job vacancies system-wide, and VA Secretary David Shulkin has said hiring mental health care professionals to meet demand is particularly challenging. The agency set a goal to hire 1,000 mental health care workers in 2017. The VA hired 900 last year, but lost 945.

"They'll soldier on, and they'll try to make this work for patients," Roe said.

Roe found positive aspects of the campus – patient rooms are spacious, surgical rooms are state-of-the-art, and the spinal cord injury center will be first-rate, he said.

But it could take some getting used to.

"It's a huge building, and if a veteran is just showing up for the first time, they're going to be scratching your head about, 'Where do I go?'" he said

"There are problems that need to be addressed yet."

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2. [Greater Choice for Veterans](#)

2.1 - KCNC (CBS-4, Video): [VA Hospital In Aurora To Open In August](#) (16 January, 26.4M uvm; Denver, CO)

The Department of Veterans Affairs says the VA Hospital in Aurora will open in August.

Congressman Mike Coffman, a Republican representing Aurora, tweeted an update on the hospital's progress.

The construction of the hospital has gone through its share of troubles, including being more than being \$1 billion over budget and a delayed opening.

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2.2 - KMGH (ABC-7, Video): [Aurora VA gets opening date as more problems revealed - VA hearing on hospital set for Wednesday](#) (16 January, Jason Gruenauer, 2.1M uvm; Denver, CO)

AURORA, Colo. -- The long-awaited and over-budget Veterans Affairs hospital in Aurora now has an opening date of Aug. 11, 2018. But there is much that needs to be done or redone before August arrives.

Congressional documents, obtained by The Denver Post, reveal nearly 375 fixes that still need to be done before the hospital can see patients. Those include changing the voltage system of some power outlets, removing sharp fixtures in the psych portion of the hospital that could pose a suicide risk, fixing sealed windows that block interaction at pharmacies, and replacing cabinets that can't be properly cleaned or disinfected.

"I'm concerned about that," Rep. Mike Coffman, R-Colo., told Denver7. "I'm going to be chasing down what the cost of doing that is, and if any of that is excessive."

The VA sent Denver7 a statement which read, in part: "Eastern Colorado Health Care System leadership continues to work closely with its project partners to resolve issues as they arise."

"Every time I think I know the everything, the VA has fessed up and we're moving forward, something blows up," Coffman said.

Both sides will get a chance to face off when Coffman and members of the House Veterans Affairs Committee question hospital leadership at a hearing in Washington, D.C. on Wednesday. The VA sent Denver7 an advanced copy of their opening statement to the committee, where staffers are expected to report a 98-percent completion of the facility, with all but one structure ready to be opened.

This list of to-dos and re-dos comes atop the revelation that the new hospital won't have enough patient exam rooms to match the old hospital, and that the Denver location will have to remain open for 3-5 additional years.

Coffman called that a "cover-up" of a "major design flaw" that is going to "drive costs."

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2.3 - KDVR (FOX-31): [Aurora VA hospital on track for August opening, congressman says](#)
(16 January, 662k uvm; Denver, CO)

AURORA, Colo. — After years of delays and claims of gross mismanagement, the new Veterans Affairs medical center in Aurora is scheduled to open in August, Rep. Mike Coffman said on Tuesday.

Coffman said that the Department of Veteran Affairs notified him that they plan to open the hospital on Aug. 11.

A House hearing will take place on Wednesday in which the VA which will discuss the over-budget and delayed hospital. Coffman is expected to be a vocal participant in the hearing.

The total cost of the hospital will be around \$2 billion, according to a congressman Phil Roe.

“We are going to look back at the entire process where it is and how it got to what it is. This was a hospital that first came online at \$600 million. It looks like it is going to be north of \$2 billion,” Roe said.

The hospital will likely open incomplete and understaffed. The complex features 12 buildings covering 1.2 million square feet of space.

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2.4 - New Hampshire Public Radio: [Manchester VA Reopens Women's Clinic Today](#) (16 January, Peter Biello, 151k uvm; Concord, NH)

The Manchester VA Medical Center is celebrating the reopening of its women's clinic today.

A tour of the reconstructed space on the sixth floor will take place as part of the open house scheduled for 5:30 p.m.

The reconstructed women's clinic will have its own waiting room and restroom.

It has been closed since July, when a pipe burst and flooded it and several floors below. Interim Manchester VA Medical Center Director Al Montoya says about 85 percent of the space that was flooded has since been reopened.

Some areas of the VA, including the post-anesthesia care unit, and the operating room on the fourth floor, aren't scheduled to re-open until April. The Manchester VA's new pharmacy and phlebotomy space are expected to be completed by this spring.

Construction of a new women's clinic on the first floor is scheduled for fiscal year 2019.

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2.5 - Health Data Management: [VA uses IT to help post opioid prescribing rates for facilities](#) (16 January, Greg Slabodkin, 143k uvm; New York, NY)

The Department of Veterans Affairs is the first healthcare system in the country to post information on its opioid-prescribing rates, including dispensing rates for each VA facility displayed on an interactive map that shows data over a five-year period.

The agency contends that by publicly releasing this data it will “facilitate the sharing of best practices in pain management and opioid prescribing among doctors and medical center directors.”

VA's Digital Media Engagement team led the effort to develop the interactive map using CARTO, a cloud-based geographic information system and web mapping tool. Working with the agency's Office of Information Technology, the map and data are hosted on the VA open data portal.

According to VA Secretary David Shulkin, MD, posting information publicly on opioids dispensed from the VA's pharmacies is a critical component of the agency's efforts at transparency and to prescribe these pain medications appropriately and safely.

"Many veterans enrolled in the VA healthcare system suffer from high rates of chronic pain, and the prescribing of opioids may be necessary medically," said Shulkin in a statement. "And while VA offers other pain management options to reduce the need for opioids, it is important that we are transparent on how we prescribe opioids, so veterans and the public can see what we are doing in our facilities and the progress we have made over time."

The VA interactive map shows data over a five-year period (2012 to 2017). Overall, 99 percent of the VA's facilities have decreased opioid-prescribing rates since 2012, with a 41 percent drop in rates across the agency between 2012 and 2017.

In addition, regional comparison categories were generated using publicly available data from the Centers for Medicare and Medicaid Services, which reports opioid prescribing rates by state calculated by dividing the number of Medicare Part D claims for opioid medications by the total number of prescription claims.

Nonetheless, the VA also points out that "it is important to note that because the needs and conditions of veterans may be different at each facility, the rates of the use of opioids may also be different for that reason, and cannot be compared directly."

According to the agency, the prescribing rate information will be updated semi-annually—January 15 and July 15 of each year.

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3. Modernize Our System

3.1 - Politico: [DoD's EHR Worries](#) (16 January, Mohana Ravindranath, 23.9M uvm; Washington, DC)

MOUNTING CONCERNS ABOUT VA'S EHR CONTRACT The Defense Department and Cerner are hitting the brakes on MHS Genesis, the Pentagon's EHR system for eight weeks starting today. Amid complaints about various aspects of the rollout, they plan to assess the work so far and address more than 1,600 "open tickets" from the early users of the system at four Washington state medical clinics and hospitals.

Several doctors and IT experts familiar with the rollout say that doctors using the system are unhappy about the workflows. They have reported problems in everything from prescribing to referrals to lab report requests. A spokesman for the project admits that the rollout could have been better but says the pause will enable MHS Genesis to get back on track. If an independent assessment clears the initial work by the fall, the work will go forward at other military installations, starting in San Diego.

After visiting Fairchild Air Force Base, the first place where the Cerner system went live, last February, Rep. Phil Roe came away underwhelmed. The chairman of the House Veterans

Affairs Committee tells POLITICO that he's glad VA Secretary David Shulkin delayed the EHR contract with Cerner, which is supposed to piggyback on the DoD's implementation.

A senior Navy doctor tells POLITICO that the DOD's Cerner system workflow was developed without enough input from clinicians who were actually going to be using it. "They took the flows they'd designed for Intermountain Healthcare, put them into rigid constructs and said, 'This is what you're going to use.' The full story for Pros [here](#).

In other VA news...

—The Department is also trying to step up its fraud and medical claims abuse detection, and an advisory commission established specifically to address it meets this week in Washington. According to a request for information posted last week, the agency is looking for information about software that can identify and eliminate instances of medical claims fraud. The VA has long struggled to crack down on claims fraud, and last year Shulkin started a new internal program focused on that goal. The VA is also partnering with CMS to use data and analytics tools to identify and prevent fraud, waste and abuse, a VA spokesperson tells POLITICO. More for Pros [here](#).

—A watchdog has dinged the VA for its security policies at health facilities, many of which have been targets of violence and threats. A recent Government Accountability Office report finds that the VA's risk management program is inconsistent at the 170 Veterans Health Administration medical centers. GAO concluded that each VA site had its own security strategy, and lacked department-wide oversight.

SENATE CONTINUES AZAR REVIEW The Senate Finance Committee plans to review Alex Azar's nomination to lead the Health and Human Services Department in an executive session Wednesday. Azar, formerly an executive at pharmaceutical company Eli Lilly, has faced criticism from Democrats who point out that drug prices rose during his tenure. More for Pros [here](#).

MEDPAC ENDORSES TELEMEDICINE REPORT MedPac commissioners have voted unanimously to expand Medicare's telehealth reimbursement. In a meeting last week, commissioners presented a report, mandated by the 21st Century Cures Act, designed to update Congress on telemedicine and the ways it can be reimbursed.

The report notes that telemedicine use is increasing but suggests going slow on reimbursement. One commissioner, Brian DeBusk of DeRoyal Industries, worried that the report was too vague to give lawmakers proper guidance.

The commissioners singled out telestroke for praise, noting that experts consulted off-site can provide rapid life-saving advice for stroke victims. More for Pros [here](#).

CONGRESSIONAL BROADBAND ACTION COULD ADDRESS TELEMEDICINE A House committee is planning a hearing about broadband this month, and last week Rep. Marsha Blackburn said she would have several bills ready to go this week related to internet connectivity. Rep. Blackburn and Rep. Greg Walden have emphasized the importance of telemedicine in rural America, and the necessity of broadband to support it. A spokesperson for the Energy and Commerce Committee said telemedicine will be a focus of the committee's conversations about broadband, but did not share details about the timeline for those discussions.

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3.2 - FedScoop: [VA CIO: Expect another 10 years of VistA in facilities during new EHR rollout](#) (16 January, Billy Mitchell, 57k uvm; Washington, DC)

The Department of Veterans Affairs' chief information officer wants to temper the excitement and expectations about the VA's move to acquire a modern, commercial off-the-shelf electronic health records system to replace its current, decades-old technology.

The legacy EHR known as VistA won't be disappearing any time soon, CIO Scott Blackburn said Tuesday at the AFCEA Health IT Day.

As the VA rolls out its modernized Cerner-based EHR over the course of 10 years, the department will have to continue to support and invest in its plagued Veterans Information Systems and Technology Architecture, Blackburn said. The department announced its plan last June to buy a Cerner system based on its interoperability with the Defense Department's own new Cerner-based system.

With a primary focus on cultivating interoperability between its EHR and DOD's, the VA announced late in 2017 that its rollout of the new EHR will follow the path of the system known as MHS GENESIS, which reached initial operating capacity at its first location in the Pacific Northwest region in February 2017. That means, Blackburn explained, that facilities at the other end of the country won't receive the new EHR for quite a while. And those with the modern system will still need to support VistA to continue sharing veterans' records across the country, he said.

"The Cerner implementation will take about a decade. If it's starting in the northwest quadrant of the country and moving east, those on the Eastern Seaboard are going to be using VistA for about 10 years [more] or so," he said.

Even though many on Capitol Hill are excited to say goodbye to the VA's legacy EHR, which has struggled to reach the level of interoperability with the Pentagon lawmakers demanded, "We can't starve VistA for the next decade," Blackburn said. "That's not fair to the people in Miami and the Eastern Seaboard who are going to be using that."

"We're going to have to make some very strategic, targeted investments to maintain the state-of-the-art nature of VistA, things like scheduling systems, whatever that might be, to keep that going," he said.

Carolyn Clancy, the head of the Veterans Health Administration, agreed that the VA will need to continue to prioritize VistA investment in "anything that keeps patient care and the flow of that information moving." But likewise, the department will need to continue to support VistA for educational and research purposes, as VA is a medical leader in both of those fields.

It leaves the VA with the classic bimodal IT conundrum — supporting the outgoing system until the new one reaches necessary capacity. It will require the VA to "maintain focus" and aspire to "continuous improvement as we learn lessons up in the Pacific Northwest," Blackburn said.

“Maintaining two large systems for 10 years is going to be a challenge,” he said.

But it’s the kind of challenge Blackburn is up for. He’s a military veteran for whom modernizing the VA is a personal matter, and he said he’s more of a “turnaround and transformation type of guy” than an IT professional. He took the VA CIO role to lead exactly this type of meaningful change, he said, focusing more on things like customer service and organizational transformation than the internal plumbing of systems and new technology.

Blackburn also faces the uphill battle of training VA doctors — who are used to VistA and in his estimation enjoy using it — for the change.

“Our doctors love VistA. It’s user-friendly, they’re used to it,” he said. “This is one of the things where we need to be very careful, where if we just throw the Cerner system on, don’t give them a little bit of time, don’t give them an opportunity to provide feedback and design it themselves, then it will go very wrong.”

So, VA is tapping “an awful lot of” clinicians to provide feedback in the early stages to help better tailor the Cerner platform to their needs and wishes.

“We’re going to spend a lot of time, a lot of effort on that change management aspect of it so we take the best elements out of VistA, the best experiences that we possibly can, and infuse those into the Cerner system,” Blackburn said.

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3.3 - MeriTalk: [Can DoD, VA Come Together on Health Records?](#) (16 January, 35k uvm; Alexandria, VA)

President Donald Trump last week issued an Executive Order on veterans’ health care that included an announcement that the Department of Veterans Affairs (VA) would adopt the same electronic records systems as the Department of Defense (DoD), signing off on what was already a done deal. Emphasis on “deal,” because although the departments are on board with a project that could cost \$10 billion over 10 years, history raises doubts as to whether a unified health records system can actually be achieved.

Trump’s order focuses on veterans’ transition from military to civilian life, promoting initiatives such as telemedicine, job training, and mental health services, along with the adoption of a single Electronic Health Records (EHR). The EO states the EHR will “result in all patient data residing in one common system enabling the immediate availability of service member’s medical records and seamless care between the departments.” DoD and VA’s long, convoluted, and expensive experience with EHR programs, however, has not been promising.

Efforts to develop a unified health record date back to 1998, when DoD and VA set out to fulfill an idea that on the surface may have seemed simple—create a single, interoperable health record that would stay with service members and their families from the service member’s entry into the military through their return to civilian life and subsequent lifespans. In all, three different initiatives since 2001 have failed to deliver. In one stretch starting in 2008, the two departments spent \$1 billion over four years on a system only to abandon it in 2013 after deciding that

upgrading their separate systems was more practical than attempting to create a unified, interoperable EHR.

Then in June, after years of trying to upgrade its Veterans Health Information Systems and Technology Architecture (VistA) health care and EHR system, VA reversed course again, saying it didn't have the software development chops for the job. "Our current VistA system is in need of major modernization to keep pace with the improvements in health information technology and cybersecurity, and software development is not a core competency of VA," department Secretary David Shulkin said during a press conference announcing the decision.

VA had made some progress, but still saw itself coming up short in what has proved to be a difficult modernization project that involves a host of other related health care systems—for example, DoD's system involves hundreds of thousands of physicians, 10 million beneficiaries, a mix of operation systems and other software, and, increasingly, medical devices connected to the Internet of Things. "While we have established interoperability between VA and DoD for key aspects of the health record...the bottom line is we still don't have the ability to trade information seamlessly for our veteran patients," Shulkin said at the time. "Without improvements, VA and DoD will continue to face significant challenges if the departments remain on two different systems."

The Government Accountability Office didn't see it as time or money well spent, saying in a December 2017 report that VA had likely wasted \$1.1 billion on contracts with 138 vendors between 2011 and 2016 trying to modernize VistA.

VA will award a contract to Cerner to adopt the same system being used by DoD, which Cerner is deploying as part of a \$4.3 billion contract. VA has said the modernization could take up to 10 years, with an ultimate price tag that reportedly could run to \$10 billion. But that could be a relative bargain. At a congressional hearing in December, VA Acting CIO Scott Blackburn said upgrading VistA would cost a lot more. "VA would have to spend roughly \$19 billion over 10 years to upgrade and maintain VistA to industry standards, and this still would not provide all the needed enhancements and upgrades as well as interoperability with DoD," he said.

DoD and VA are once again pursuing a unified EHR. Trump applauded the decision announced in June, saying, "No more complications. The records will now be able to follow the veteran when they leave service—meaning faster, better, and far better quality care." But whether this massive project can achieve the desired results remains to be seen.

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4. Focus Resources More Efficiently

4.1 - Los Angeles Daily News (San Gabriel Valley Tribune): [Former Veterans Affairs worker from Whittier to plead guilty to taking bribes for covering up \\$11 million fraud scheme](#) (16 January, Chris Yee, 886k uvm; Woodland Hills, CA)

A Whittier man who worked for the U.S. Department of Veterans Affairs was charged Tuesday for lying about accepting hundreds of thousands of dollars in bribes from a parking lot operator as part of a scheme that defrauded the agency of about \$11 million, according to the U.S. Attorney's Office.

Ralph Tillman, a 58-year-old contract officer for the VA, agreed to plead guilty to two felony charges — filing a false federal tax return and lying to investigators about accepting bribes — after admitting to taking more than \$286,250 in bribes over 14 years from the owner of Westside Services LLC.

The company ran parking lots for care centers within the VA Greater Los Angeles Healthcare System. Richard Scott, the company's 58-year-old owner, was charged in December with conspiracy and major fraud against the United States, among other offenses, according to the statement from the attorney's office.

Scott pleaded not guilty to the charges last month. He is set to go on trial in U.S. Central District Court Feb. 6.

Tillman was responsible for managing contracts with "sharing partners" like Westside Services. In his plea agreement, Tillman admitted that he approached Scott in late 2003 and solicited a bribe to pay for a family matter.

Between one and two years later, Scott began making monthly cash payments to Tillman, with Scott personally delivering the bribes in sealed FedEx envelopes, according to the plea agreement. In return for the bribes, Tillman did not scrutinize annual statements from Westside Services that contained inaccurately reported revenues and expenses, according to the plea agreement.

Tillman admitted that he knew Scott was defrauding the VA out of millions of dollars and that he approved a contract extension with Westside Services in 2011 to continue the fraud and bribery scheme.

Tillman resigned as a VA contract officer in 2014 after being confronted by the VA's Office of Inspector General. At the time, Tillman denied accepting money or anything of value from Scott.

Tillman accepted the bribes from Scott between 2003 and 2017. Tillman continued to receive money after his retirement as "hush money," according to the plea agreement.

Tillman is set to appear in U.S. Central District Court for arraignment on Jan. 31. Once he pleads guilty, he will face a maximum sentence of eight years in federal prison, according to the U.S. Attorney's Office statement.

The VA terminated its contract with Westside Services in early 2017, but Scott's company was allowed to continue to operate the parking lots until this month because of a separate lawsuit that challenged the VA's use of its West Los Angeles campus for any purpose not specifically related to care and housing of veterans, according to the statement.

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4.2 - Government Executive: [It's Unclear Whether New Law and Push from Trump Have Increased VA Firings](#) (16 January, Eric Katz, 852k uvm; Washington, DC)

In June, President Trump said a new measure to ease the firing of employees at the Veterans Affairs Department that he was signing into law marked a "transformative change." One year

into his presidency, however, and six months after the enactment of the law, the administration that made firing more employees at VA a cornerstone of its veterans policy agenda has yet to fully realize Trump's promise.

On Wednesday, the Senate Veterans' Affairs Committee is holding a hearing to solicit from VA Secretary David Shulkin a progress report on implementing 2017 VA reform legislation. As one of the marquee veterans laws from last year and perhaps the most significant legislative achievement Trump signed in his first year in office before completing tax reform, the firings and other disciplinary actions taken since Congress passed the VA Accountability and Whistleblower Protection Act will likely play a major role in the hearing. Shulkin will likely tout the progress VA has made on the disciplinary front, but the numbers show little, if any, significant change.

VA has fired 2,537 employees since Trump took office in January. Public data on the department's new accountability website show 1,455 removals, but VA said the figure reaches the higher total when coupled with probationary terminations. According to data maintained by the Office of Personnel Management, VA fired 2,662 employees for discipline or performance in fiscal 2016, the last fiscal year entirely under President Obama. Despite the new law and the Trump administration's focus on holding badly behaving and poorly performing VA employees accountable, firings actually declined by nearly 5 percent.

Curt Cashour, a VA spokesman, said that according to internal department data, it fired just 2,001 employees in calendar year 2016. That would mean VA firings actually increased from 2016 to 2017. OPM's data shows just 2,061 firings in fiscal 2017, just over one-quarter of which included the post-accountability law era. Still, the period was primarily controlled by the Trump administration and firings at VA declined by nearly 23 percent from fiscal 2016. Cashour emphasized that fiscal year and calendar year comparisons were not apples to apples.

Cashour also noted firings and other disciplinary actions have increased since the law's enactment. VA fired 983 employees in the five months between Trump's inauguration and the enactment of the accountability law and 1,554 employees in the six and a half months since then, an increase in the daily firing rate. Cashour said VA has depended on the new law's authorities for "most VA disciplinary actions." The rate of total disciplinary actions per day has remained roughly the same since June 23, the day Trump signed the measure into law.

The law, Cashour, said, "is one of the most significant federal civil service reforms in decades and is helping instill across the department the type of workforce accountability veterans and taxpayers deserve."

House Veterans Affairs Committee Chairman Rep. Phil Roe, R-Tenn., said most VA employees are hardworking and have the best interest of veterans at heart, but the old disciplinary process prevented "effective and efficient" action.

"I'm encouraged by our progress in the past year to bring wholesale reform to the Department of Veterans Affairs," Roe said, "and I'll continue to conduct diligent oversight to ensure only the very best are serving our nation's heroes."

The bill allows the department's secretary to fire, suspend or demote an employee with only 15 days' notice. Employees can appeal to the Merit Systems Protection Board in an expedited timeframe. MSPB then has 180 days to issue a decision, with the law designed to make it easier for VA to prove a negative personnel action was warranted. Employees would maintain the right to appeal an MSPB decision to federal court. Unionized and Senior Executive Service

employees have distinct, internal grievance processes that have to be completed within 21 days.

Two House committee aides said they were paying attention to the numbers from VA, but did not necessarily view it as a key metric. The goal of the law was to make it easier to hold employees accountable when warranted, not to fire more total people, they said. They added they have been in touch with VA management and front-line supervisors and heard anecdotally that employees are more incentivized not to engage in problematic behavior in the first place or simply resign when facing discipline.

While firings have ticked up since the law was implemented, the lack of a massive swing in terminations perhaps demonstrates that some of the concerns with the bill raised by various stakeholders during the legislative process were unfounded. Employee groups, for example, warned the measure will lead to politicized punitive actions and labeled it an existential threat to the non-partisan civil service.

"The sky is not falling," one committee aide said.

Congress passed the law after multiple investigations revealed a widespread VA practice of manipulating patient data to give the illusion of shorter wait times for appointments. Obama initially signed a law in 2014 aimed at expediting the firings of just the department's senior executives, but the constitutionality of those provisions was questioned in court and VA eventually stopped using them. VA's data show the department is not necessarily targeting individuals directly involved in veterans' medical care, which lawmakers said were the target of the new firing authority.

VA fired just 10 employees in medical records positions in 2017, 48 physicians or physician assistants and 308 nurses or nursing assistants. By comparison, it fired 177 employees in housekeeping and 82 in food services. To put that in perspective, VA fired one doctor for every 1,000 it employs, while it removed three nurses for every 1,000; four medical record technicians for every 1,000; and 10 food service workers for every 1,000. VA employed just 227 employees in housekeeping management as of September. The department fired one SES employee in fiscal 2016, compared to five (of the 138 it now employs) in fiscal 2017.

Cashour said VA was committed to holding accountable any employee deemed to have not met standards.

"Culture spans the entire organization," the spokesman said. "As with any government agency or business, VA has more rank-and-file workers than senior leaders, and we hold them accountable when warranted, regardless of rank or position."

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4.3 - FedSmith: [50-Count Indictment Leads to Indefinite Suspension at VA](#) (16 January, Susan McGuire Smith, 276k uvm; Washington, DC)

This recent case illustrates how an agency can use the "crime exception" to expedite processing of an indefinite suspension in a situation where an employee is charged with criminal activity. (Henderson v Department Veterans Affairs (CAFC No. 2017-1071, 12/26/17)) The facts are taken from the appeals court decision sustaining the indefinite suspension.

Mr. Henderson was a GS-13 Program Analyst for the VA in Atlanta when the federal grand jury indicted him on fifty counts of false statements in violation of 18 United States Code Section 1035. Two weeks later, the agency proposed to suspend Henderson indefinitely, invoked the crime exception to shorten the notice period, considered Henderson's reply, and effected the suspension about one month after the criminal indictment was handed down. (Opinion pp. 1-6)

Henderson argued that his due process rights were violated by invoking the crime exception that he contended was not appropriate under the facts of his case, and by indefinitely suspending him based on the indictment. Not so, ruled the Merit Systems Protection Board (MSPB). The federal court of appeals has now upheld the agency's action and the MSPB decision.

Here's how it went down.

As part of his responsibilities, Henderson ordered employees under his supervision to "close over 2700 unresolved authorized consults for medical care for veterans by falsely declaring the consults to have been completed or refused by the patients, when in truth and fact, as Henderson then well knew, the consults were still pending and unresolved, and the veteran patients were still waiting for the authorized medical consults." (p. 3) These 2700 consults were thus closed out by Henderson's direction during a 5-6 day period. The 50-count indictment stemmed from these actions.

These consults were a prerequisite for a veteran to obtain medical care from private sources as permitted under certain circumstances.

The agency noted in imposing the indefinite suspension that Henderson had been indicted and arrested for making false statements (50 times) involving health care matters; if convicted he would face five years/\$250,000 per count; therefore, VA had "reasonable cause to believe" that Henderson had committed a crime for which he may be imprisoned and that it was not in VA's best interest to leave him in a duty status pending the outcome of the criminal proceedings. (p. 3)

Henderson maintained that he was innocent of criminal wrongdoing, demanded documents from the VA, and asked that the suspension be stayed until the outcome of the criminal proceedings. In other words, continue him in a paid status. When the agency did not waver, Henderson took his appeal to the MSPB. The administrative judge concluded that the grand jury indictment provided sufficient basis for the agency to affect the suspension. Further, the VA "had established a nexus between the criminal charges and the efficiency of the service....[in that his] misconduct interfered with or adversely affected the agency's mission." (p. 4).

An indefinite suspension is an adverse action and therefore requires the agency to follow procedures spelled out in law: 30 days notice of the proposed action, reasonable chance to reply, representation by counsel, and a written decision. However, when an agency invokes the crime exception, it can shorten the process. The standard for doing this is when the agency has "reasonable cause to believe the employee has committed a crime for which a sentence of imprisonment may be imposed." (p. 6) The MSPB and the court found nothing improper in the invocation of the crime exception in this case. In fact, when there is reason to believe a crime has been committed and that it was committed in connection with performing official duties, "it is incumbent upon an agency to act promptly." (p. 8)

Oddly enough, Henderson did not argue that the indictment was enough to suspend indefinitely, rather he argued that the grand jury was not independent but functioned “merely as the catspaw of the [VA].” (p. 6) VA supplied the evidence and testimony to the grand jury and won the indictment using “vague allegations.” (p. 6)

The court was polite: “We do not find this argument persuasive...” pointing out that a grand jury independently considered the evidence and found there was probably cause to hand down its indictment of Henderson. (p. 7)

Making a long story short, the appeals court now agrees with that MSPB decision and the indefinite suspension stands.

(As an aside, the court noted in a footnote to its decision on this case that Henderson was found guilty on all counts and sentenced to 22 months in prison. His appeal from that conviction is pending. (Page 4, note 1))

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4.4 - WLUC (NBC-6): [American Legion leadership visits Iron Mountain V.A. Hospital](#) (16 January, David Jackson, 276k uvm; Negaunee, MI)

IRON MOUNTAIN, Mich. (WLUC) - Leadership for the Michigan detachment of the American Legion is on a tour of U.P. Veterans Affairs facilities.

Tuesday, January 16th 2018, they took a tour of the Oscar G. Johnson V.A. Medical Center.

The American Legion was established by Congress in 1919, and now has more than 2.2 million members across 13,000 posts nationwide.

The Legion promotes patriotism, supports youth activities, and members volunteer in places like V.A. hospitals.

At V.A. hospitals, members assist veterans and provide support for their family members while the vets are receiving treatment.

"As a part of the tour we've stopped by the Iron Mountain VA so that we could have the opportunity to visit with the director and the volunteers and staff and see what we can do to better assist the VA Hospital," American Legion Michigan State Commander Brett Holt said.

According to the American Legion, the Iron Mountain V.A. Hospital is the most rural facility in the country, and leadership is not able to visit as often as hospitals down-state.

"So far this is my first time, it's very impressive, it's a beautiful facility, I understand that it's very well respected, the community is a huge part of what makes this a successful place, I'm very impressed with that," Sons of the American Legion VAVS Representative Dennis Larson said.

"This hospital wouldn't be as excellent as it is if it wasn't for the collaboration between the community and the administration here at this hospital, I'm real proud to be part of this," Michigan Sons of the American Legion State Commander, Dominic Merlington said.

The American Legion also supports V.A. Hospitals being properly staffed, especially with specialists, and are advocating in Washington D.C. for legislation providing student loan forgiveness in exchange for commitments from doctors.

"So doctors will sign on to work for the V.A. for five years or a ten year period of time depending on what their student loan payoff is, and in exchange for that five year, ten year commitment to the VA, we'll pay off your student loan," Holt said.

Membership is open to honorably discharged veterans who served during war-time.

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4.5 - Charleston Regional Business Journal: [Fisher House opens in Charleston to support veterans, families](#) (16 January, Patrick Hoff, 45k uvm; Mount Pleasant, SC)

In 2012, Charleston-area couple Trux and Durbin Emerson were looking for a way to give back to their community, especially veterans who lived in the Lowcountry.

The Emersons approached retired Maj. Gen. James Livingston, a Medal of Honor recipient and Charleston-area resident, for his thoughts on how they could give back. Livingston suggested the couple fundraise to build a Fisher House, a guesthouse for families of veterans who are receiving care at a VA Medical Center.

"We were not the first people to try to do something like this, but I think we were just ... lucky in the confluence of certain factors that came into play that sort of ensured the success of what we were trying to accomplish," Durbin Emerson said.

Five years and millions of dollars later, the ribbon was cut on the 16-suite Fisher House Charleston at 150 Wentworth St. in downtown Charleston, less than two miles from Ralph H. Johnson VA Medical Center.

The Fisher House Foundation, the nonprofit that builds Fisher Houses across the country, was founded in 1990 by Zachary and Elizabeth Fisher. The organization has built more than 70 homes across the country to assist veterans and their families. Fisher House Charleston is No. 73.

Tonya Lobbestael, public affairs officer for the Ralph H. Johnson VA Medical Center, said the hospital provides health care for 75,000 veterans across 21 counties along the South Carolina and Georgia coast, which created the need for a place for veteran families to stay.

"We have patients that are coming from geographic distances for care, and it's very expensive at many of the hotels in downtown Charleston to be close to them, or even in West Ashley and the surrounding area," Lobbestael said. "And many of our veterans don't always have the financial resources to be able to stay at a commercial facility for an extended period of time if their loved one is recuperating."

Emerson said initially, the goal was to build an independent guesthouse that they called a Harbour House because the national Fisher House Foundation requires an acre of federal land to build a house on.

She said one of the challenges in raising money was having to teach people what a Fisher House was while asking for donations, and then explaining why they were doing it independently instead of through the Fisher House Foundation.

“There are many, many people who’ve never heard of (Fisher House), don’t know what they are,” she said. “So when you start with something that is purely conceptual and you’re trying to imitate something that nobody even knows what it is, it’s ... an educational process that you’ve got to go through that is very difficult.”

However, in the midst of their fundraising push, the Fisher House Foundation called the Emersons to say they wanted to help. If the Emersons bought the land and donated it to the Department of Veteran Affairs, the foundation would build an official Fisher House there.

“It was a \$7 million to \$8 million phone call,” Emerson said, referring to how much money it would have cost to build the house independently. “It was almost surreal.”

The Emersons now only had to raise \$4 million to buy an acre of land to donate to Veteran Affairs.

“This house is 100% a gift to the Charleston community and to the Ralph H. Johnson VA Hospital,” Emerson said.

After the Emersons raised the first \$1 million to buy the land, the Fisher House Foundation loaned the couple \$3 million so they could close on the land, which held an abandoned funeral home at the time.

“There were times it was a real roller coaster ride,” Emerson said. “I don’t know how you feel about waking up every morning owing \$3 million but to me it’s not a good feeling.”

The Emersons continued to raise money, and after about a year, the loan was paid off and the land could be donated.

Approval and design

After donating the land to the Department of Veterans Affairs, it took a year for the department to approve the donation because of archeological and other surveys to make sure there weren’t contaminants on the land.

“Once it becomes federal property, then the federal government is responsible for all the maintenance, upkeep and everything that is related to the land,” Lobbestael said.

Another obstacle to getting a Fisher House in Charleston, especially in the downtown area, was the typical two-story design the Fisher House Foundation uses didn’t fit, in both style and size. Instead, architects from the foundation took elements from the Fisher House design and created the only three-story house in the country.

“There are many common elements that have to be included, such as the kitchen facilities, the larger dining area, ... the living room area, the den,” Lobbestael said. “And then we had to factor in putting in an elevator because in most Fisher Houses, they don’t have a need for an elevator because in their standard design, two wings (on the first floor) are guest facilities and anyone

who would be in a wheelchair would be in the first floor. But all of our accommodations are on the second and third floor.”

Since the Fisher House Foundation was building on federal land, it wasn’t required to go through typical city approval processes, but through a memorandum of understanding between Veteran Affairs, the Fisher House Foundation, the city of Charleston and neighborhood associations, local entities were able to give input on the design.

“There were over 20 modifications that were made to the design of the house based on the community feedback and our community partners’ feedback,” Lobbestael said. “It was very important to us at the VA and to the foundation that we be very cognizant of the fact that we are in a neighborhood — a very beautiful historic neighborhood — and we want to fit in and be good neighbors.”

There were also historical objects, such as a carriage house and a brick wall, which needed to be protected during construction, and elevation requirements to protect the house from flooding, which added even more layers of complexity.

“It was really an interesting process in marrying up federal building requirements, what the foundation commits to providing in the sense of ... this level of quality, and the need for us to fit into the community,” Lobbestael said. “It was really such a unique learning experience and an opportunity for us in the VA.”

After all of the planning was done, Fisher House Charleston broke ground on Nov. 16, 2016, and 385 days later, it was completed.

“It was amazing to see how quickly and how efficiently that construction crew worked,” Lobbestael said. “It was really something to behold.”

Continuing support

With the house completed and the first families scheduled to arrive in early January, Vicki Johnson, manager of Fisher House Charleston, and the staff at the Ralph H. Johnson VA Medical Center are filling the double-sized kitchen with food and supplies and figuring out ways to shuttle families between the medical center and the Fisher House. Unlike other houses, Fisher House Charleston is one of the few houses off-campus from its accompanying medical center.

“While a mile is not very far, if you’re not used to driving in Charleston traffic or late at night, and a lot of our families are elderly,” Lobbestael said. “So we’ll be working through all of that just to make it the best experience for the families.”

Some of the options being considered are taxi vouchers, using ridesharing services such as Uber and Lyft, or public transportation.

The Emersons are also continuing to raise money to help support the Fisher House through their nonprofit, now called Friends of Fisher House Charleston. Johnson receives a budget from the VA to buy essentials for the Fisher House, such as food, but other comfort items need to be donated.

“Each of these houses need to be supported by their individual communities or military bases, so it’s not as if this is over and done with,” Emerson said. “The need to continue to raise money will always be there.”

Emerson said when the house is in full swing, Johnson plans to put together a wish list so people aren’t donating things the house doesn’t have use for or room to store.

“Our local Friends of Fisher House Charleston group is phenomenal,” Johnson said. “They have been amazing from the very beginning in helping make this become a reality and in the support they continue to provide and will continue to provide for us. It’s going to make all the difference in the world.”

Lobbestael agreed with Johnson, and said she hopes the community continues to support Lowcountry veterans and Fisher House Charleston for generations.

“There is so much that is said and done to honor veterans across Charleston and across the greater Lowcountry,” she said. “This is a military town, and it has a very rich heritage, and I firmly believe that we ... as a community have a responsibility to do everything that we can to take care of these families. And so if we can do that by taking care of them here in this Fisher House with the community’s support, that’s just one more wraparound service that we can provide to them.”

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5. Improve Timeliness of Service

5.1 - International Business Times (Video): [Veteran Sues VA Department For Surgery That Left Scalpel In His Body](#) (16 January, Gayatghri Anuradha, 15.8M uvm; New York, NY)

A veteran filed a lawsuit against a Connecticut hospital claiming a scalpel was left in his body for four years after his surgery, reports said Monday.

Faxon Law Group filed the lawsuit against the Department of Veterans Affairs on behalf of 61-year-old United States Army veteran Glenford Turner, who had his cancerous prostate removed in robot-assisted laparoscopic surgery at the VA Connecticut Healthcare System, West Haven Campus in 2013.

Turner’s lawyer, Joel Faxon told the Boston Globe that the surgery took five hours instead of the one hour it should have taken. There was no standard measure of X-ray performed afterward to ensure that no surgical materials had been left behind.

Turner returned to the VA hospital on March 29, 2017 for an MRI after complaining of dizziness and long-term abdominal pain. “The imaging study was abruptly halted when Mr. Turner began to experience severe, worsened abdominal pain,” Faxon said.

"X-rays revealed the presence of an abandoned scalpel inside Mr. Turner's body. Doctors confirmed that it was the scalpel knife used during Turner's radical prostatectomy — performed four years earlier at the West Haven VA," he added.

CBS affiliate WFSB-TV reported that the instrument, which was present near Turner's stomach and intestines, was removed in a surgery in April 2017.

Turner's lawsuit claimed he suffered pain, additional surgeries, medical expenses and lost work time. Faxon called the incident "an incomprehensible level of incompetence."

"It is shocking that in return for that service the VA thanked him by deploying a rookie surgical trainee to perform the surgery who showed an incomprehensible level of incompetence by losing the scalpel in Mr. Turner's abdomen and not bothering to find it. He just sewed him up and moved on to his next victim," he said.

"I don't know how the man is still alive, frankly, because [the instrument] could have pierced the bowel, it could have pierced the intestines, it could have pierced the stomach," Faxon said. "There are a lot of sensitive parts in the lower abdomen."

He added that Turner had no infections and was "getting along OK," but that he was "apoplectic over the whole thing." Faxon also expressed concerns that there could be long-term damage.

"I said this is the easiest case in the history of the world for the government to pay, because they know they screwed up. You have an administration run by Donald J. Trump, who claims to be a friend of the veteran," Faxon told the Globe. "And the veteran is then completely blown off by the government, forcing us to file this lawsuit and go through this process that's completely unnecessary."

A Department of Veterans Affairs spokesman, Curt Cashour, said, "VA does not typically comment on pending litigation."

Sen. Richard Blumenthal (D-Connecticut) said he was "appalled and stunned" by the allegations.

"While the court determines liability, I have asked for a detailed explanation from VA of this deeply troubling report. I am demanding also full accountability so this kind of horrific negligence never happens again," Blumenthal said in a statement Monday. "America owes our veterans the world's best medical care, nothing less."

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5.2 - NPR: [Veteran Sues After Scalpel Found Inside His Body 4 Years After Surgery](#) (16 January, Merrit Kennedy, 21.9M uvm; Washington, DC)

Glenford Turner had surgery in 2013 at a Veterans Affairs hospital in Connecticut. Four years later, according to a new lawsuit, doctors discovered that a sharp metal surgical instrument had been accidentally left inside the Army veteran's body.

"It's perplexing to me how they could be so incompetent that a scalpel that really should only be on the exterior of your body not only goes into the body but then is sewn into the body," Turner's lawyer, Joel Faxon, tells NPR. "It's a level of incompetence that's almost incomprehensible."

The lawsuit alleges that a trainee surgeon performed the radical prostatectomy at VA Connecticut Healthcare System, West Haven Campus. "Subsequent to the surgery, [Turner] had unidentifiable abdominal pain at the time," Faxon says. "Nobody could ever really figure out what it was."

The object was discovered when Turner, now 61, went for MRI in 2017 for a separate medical issue. The magnet in the MRI machine "reacts to the scalpel in his abdomen, and you have to stop the procedure because he has all this pain," says Faxon. "The scalpel's moving around in there."

A separate court document describes the object as a "5 inch scalpel handle" — it's not clear whether the blade is attached to the handle, because neither Faxon nor Turner has had access to the object. It appears long, thin and pointed on an X-ray.

Turner then went through an additional surgery to remove the instrument.

The VA Connecticut did not provide specific comment on the lawsuit, stating: "VA does not typically comment on pending litigation."

According to Faxon, the plaintiff filed an administrative claim with the VA last June but has not received a formal response beside stating that it has been received. "We're told by the administrative arm of the VA that they're so understaffed and incapable of even looking at the claim that they couldn't do anything," he said, which prompted the federal lawsuit filed last week.

He expects the case to take some three years to reach a resolution and is hoping for a payment to Turner of more than \$1 million. "I think something like this is so egregious, and the way the government has handled it is so egregious, that it should be a substantial payment."

Leaving surgical materials inside patients is surprisingly frequent. "With more than 28 million operations performed nationwide, the number of cases in which foreign bodies are left behind during a procedure in the United States has been estimated at around 1500 cases per year," scientists recently wrote in the Open Access Macedonian Journal of Medical Sciences, posted by the U.S. National Library of Medicine.

That may actually be a low estimate. According to The Washington Post, "a 2013 USA Today review of government data, academic studies and legal records found the figure was more likely between 4,500 and 6,000 times per year."

Sponges are most common and may cause infections. "I've had cases of sponges, needles ... towels, surgical screws, clamps, things like that, left inside people," says Faxon. This is the first time he has seen a scalpel.

Turner's wife is also party to the lawsuit. The complaint states that as a result of the injuries caused by the forgotten medical instrument, his wife "has been caused to lose his company, society, services and affections."

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5.3 - Orlando Sentinel: [VA makes opioid prescribing rates public for first time](#) (16 January, Naseem S. Miller, 4.8M uvm; Orlando, FL)

The opioid prescription rates at the VA medical centers in Florida dropped by at least 25 percent between 2012 and 2017, according to a new interactive map posted online by the Department of Veterans Affairs.

VA for the first time made the information public this month as part of its “efforts to be the most transparent agency in government,” according to its website. The move also makes VA the first hospital system in the U.S. to release its opioid prescribing rates.

“Many Veterans enrolled in the VA health-care system suffer from high rates of chronic pain and the prescribing of opioids may be necessary medically,” VA Secretary Dr. David Shulkin said in a news release. “And while VA offers other pain-management options to reduce the need for opioids, it is important that we are transparent on how we prescribe opioids, so Veterans and the public can see what we are doing in our facilities and the progress we have made over time.”

At Orlando VA Medical Center, opioid dispensing rates dropped from 15 percent in 2012 to 8 percent in 2017, reflecting a 44-percent decrease.

The overall opioid prescription rates — which are calculated by dividing the number of Veterans who received any opioid prescription by the total number of Veterans who received a prescription from that pharmacy — dropped by more than 40 percent between 2012 and 2017 nationwide.

The rates don’t show the number of patients who received opioids. They also can’t be used as a comparison tool, because of variations in patient population and medical needs from one facility to another.

Like the rest of the health-care industry, the VA has come under fire for playing a role in fueling the opioid epidemic by its prescribing practices.

The agency has implemented strategies via its Opioid Safety Initiative to restrict the prescription of painkillers, although some Veterans say that they’ve been cut off from the same medications that gave them their livelihood.

The prescribing rate data will be updated twice a year on Jan. 15 and July 15 of each year, according to the VA.

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5.4 - The Roanoke Times: [Local hospitals coping with IV bag shortage](#) (16 January, Luanne Rife, 1.5M uvm; Roanoke, VA)

Local hospitals are not immune to the IV bag shortage being experienced nationwide that began soon after Hurricane Maria knocked out power in Puerto Rico four months ago.

"I've been with Carilion 11 years. Drug shortages have been going on the entire time. A lot of it takes place behind the scenes, and there is very little impact to the end user," Jason Hoffman, inpatient pharmacy director at Carilion Roanoke Memorial Hospital. "In terms of the severity and the impact on day-to-day workflow, this is probably the biggest we've seen."

Most drug shortages center on medications that treat specific diseases. This shortage is of the small IV fluid bags that are used to administer a vast array of medications.

Hoffman's team used to mix 1,500 bags each day.

"That's one per minute around the clock, to give some perspective on the number of bags we were using in the pharmacy," he said.

Now, some of the medication is being given orally, pushed directly into a patient's vein or mixed into larger bags, which is now increasing demand on that supply.

"There are so many moving pieces to the puzzle," Hoffman said. What the pharmacy is doing today might differ from what it is doing when the next shipment of bags and fluids arrive.

Hoffman said Carilion's leadership, physicians and nurses are all involved in figuring out "if we can't do it this way, how are we still going to get that medication to the patient in a safe manner. It could be looking at different medication or a different route."

Soon after the hurricane hit Puerto Rico on Sept. 30, concern developed that a shortage of IV bags of saline fluids would soon hit the United States. The storm wiped out the island's electrical grid and disrupted production at three plants owned by Baxter International, the nation's largest supplier of IV bags.

The Food and Drug Administration in November temporarily permitted the import of IV products from facilities outside the U.S., encouraged other IV product makers to expand production and expedited its reviews of new products.

But all of that takes time.

The Salem VA Medical Center and the HCA-owned LewisGale hospitals also are experiencing shortages.

"We have implemented alternative strategies to minimize any impact as a result of the shortfall," said Nancy May, vice president of marketing for LewisGale. "Being affiliated with HCA has enabled us to collaborate with our multi-disciplinary resources and sister facilities throughout the country to ensure patients continue to receive the highest level of care."

Hoffman said pharmacy directors at Carilion hospitals are having twice-weekly telephone conferences to share resources.

Salem VA spokesman Brett Robbins said patients have not been affected.

"The shortage has been an issue that we continue to manage closely to ensure we have an adequate supply," he said.

Supplies began to change in October.

“Shipments were coming in later than they normally were. Sometimes we were getting a partial shipment,” Hoffman said.

“While we would normally order a week at a time to have a week or two on hand, now we’re given a number of what we can order a month, and typically we cannot go above that, and sometimes we don’t get fully what we are allocated on a particular month,” he said.

Robbins said the VA is paying more — up to five times as much, though he didn’t have a dollar amount — as it’s had to buy through the open market and outside of contracts.

Carilion, too, has seen price hikes on certain items that make them four to five times more expensive. Some items are 10 times as much. Carilion said it is absorbing the costs and not passing them on to patients.

The shortage is expected to ease in the next couple of months.

“After this is all over, we will take a big-picture approach, and what worked well we will continue to do,” Hoffman said. “Anytime you’re forced to change, it’s a good opportunity to evaluate what you are doing.”

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5.5 - KFOR (NBC-4, Tribune Media Wire, Video): [Veteran says he found VA hospital scalpel in his abdomen after excruciating MRI](#) (16 January, Nadia Judith Enchassi, 1.5M uvm; Oklahoma City, OK)

NEW HAVEN, Conn. – An Army veteran is suing a Connecticut Veterans Affairs hospital after he said doctors found a scalpel that had been left in his body four years earlier.

According to attorneys at the Faxon Law Group, Glenford Turner, 61, and a United States Army veteran from Bridgeport, was at the VA Connecticut Healthcare System, West Haven Campus, for a scheduled MRI after experiencing a recent episode of dizziness and long-term abdominal pains.

The MRI was stopped when Turner started having severe abdominal pain. Attorneys said X-rays showed an abandoned scalpel inside Turner's body. Turner's lawyers said doctors confirmed it was the scalpel knife used during Turner's radical prostatectomy, which had been performed four years earlier at the West Haven VA in August, 2013.

The lawsuit said Turner was operated on in April 2017 to remove the dangerous instrument parked near his stomach and intestines.

In a press release, Attorney Joel T. Faxon, of New Haven, said:

“Mr. Turner served our country proudly for decades. It is shocking that, in return for that service, the VA thanked him by deploying a rookie surgical trainee to perform the surgery who showed an incomprehensible level of incompetence by losing the scalpel in Mr. Turner's abdomen and not bothering to find it. He just sewed him up and moved on to his next victim.”

U.S. Senator Richard Blumenthal said, in a statement:

"I'm appalled and stunned by allegations of this egregious medical malpractice case involving the West Haven VA. While the court determines liability, I have asked for a detailed explanation from VA of this deeply troubling report. I am demanding also full accountability so this kind of horrific negligence never happens again. America owes our veterans the world's best medical care, nothing less."

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5.6 - News 12 Connecticut (Video): [Bridgeport resident, army vet sues VA over scalpel left in body after surgery](#) (16 January, 959k uvm; Norwalk, CT)

NEW HAVEN - An Army veteran who says someone left a scalpel inside him after surgery is suing a West Haven veteran's affairs hospital.

Glenford Turner, of Bridgeport, says the scalpel was only discovered years later, after he suffered from long-term abdominal pain.

Turner sued the VA in U.S. District Court last week, seeking unspecified compensatory damages.

According to court papers, Turner had surgery at the VA hospital back in 2013.

Nearly four years later, he went back to the VA with dizziness and severe abdominal pain. An X-ray showed there was a scalpel inside his body.

Turner had to undergo surgery to remove the scalpel. His lawyer says doctors confirmed it was the same one. The lawyer calls it "an incomprehensible level of incompetence."

The VA said Monday it doesn't typically comment on pending litigation.

AP wire services helped contribute to this report.

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5.7 - WCSC (CBS-5): [Opioid prescriptions at Ralph H. Johnson VA decrease nearly 50 percent over 5 years](#) (16 January, Karina Bolster, 827k uvm; Charleston, SC)

CHARLESTON, SC (WCSC) - The Ralph H. Johnson VA Medical Center has seen a nearly 50 percent decrease in the number of opioid prescriptions, according to new data released Monday.

In an effort to be "the most transparent agency in government", the Department of Veteran Affairs released data pertaining to the number of opioid prescriptions dispensed at medical centers across the United States.

This data, collected over a five-year period from 2012-2017, shows the Ralph H. Johnson VA Medical Center in Charleston with a 46 percent reduction in opioid prescriptions. In 2012 the prescribing rate was estimated at 12 percent, later falling to 6 percent in 2017.

Officials with the Department of Veteran Affairs state because the needs and conditions of veterans may be different at each facility, the rates of the use of opioids may also be different for that reason, and cannot be compared directly.

The prescribing rate information will be updated semi-annually, on Jan. 15 and July 15 of each year, according to the department's website.

William Jennings Bryan Dorn VA Medical Center in Columbia saw a 19 percent decrease over the five-year period.

The El Paso, Tex. VA clinic saw the greatest reduction by 66 percent.

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5.8 - Becker's Hospital Review: [Tennessee VA hospital cuts opioid prescriptions by 49% since 2012](#) (16 January, Brian Zimmerman, 441k uvm; Glencoe, IL)

Johnson City, Tenn.-based Mountain Home Veterans Affairs Medical Center reduced opioid prescriptions by 49 percent from 2012 to 2017, according to federal data updated Monday.

Over the five-year period, the number of patients prescribed opioids at the facility dropped from 19 percent in 2012 to 10 percent in 2017. The decrease represents one of the most substantial reductions in the Veterans Affairs health system, according to a report from WJHL.

"It's been a hard effort, not just on one group, the primary docs who are on the frontline, but a whole range of people that have made this happen," David Hecht, MD, chief of staff at the Johnson City VA hospital, told WJHL. "Our job is to do no harm as physicians, and so when we find out that a medication that we're prescribing is doing harm or has the potential to do significant harm even if it hasn't done so already, our job is to try to find alternatives."

Mountain home initiated its opioid reduction program in 2016. The program involves the promotion of alternative forms of pain management, including acupuncture and yoga.

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5.9 - Philadelphia Inquirer: [When the VA lies to Congress about medical marijuana, it lies to our wounded warriors](#) (16 January, John Hudak, 295k uvm; Philadelphia, PA)

In October, the Democratic members of the House Veterans Affairs Committee wrote a letter asking VA secretary David Shulkin why his department is not conducting research into medical marijuana.

In the letter, ranking member Tim Walz (Minn.) and the other nine Democratic committee members note that in many states that have medical marijuana programs, cannabis is recommended for PTSD and/or chronic pain — conditions that afflict many of our wounded

warriors. The members do not ask Mr. Shulkin to start dispensing medical marijuana from VA facilities. Instead, they ask the secretary why the department is not conducting rigorous research.

Below are copies of the committee letter and the response from Shulkin. That response is an unfortunate combination of false information, incomplete analysis, and incomprehensible logic. Rather than engaging in an honest, comprehensive discussion of the merits of the VA's position, the secretary appears to wave off committee members' concerns about an issue that affects the lives of millions of soldiers and veterans across the United States.

There are seven major problems with Shulkin's response to the Democratic members of the House Veterans Affairs Committee. Those problems range from a mischaracterization of federal law to a faulty analysis of current medical research to a failure to put medical findings in context and more. The shortcomings in the secretary's response should alarm Democrats and Republicans; House members and Senators; soldiers, veterans, and civilians alike.

What the Veterans Affairs Committee wants

It is important to start by discussing what ranking member Walz and his colleagues request of the secretary. They do not say that they want VA to come out in support of medical marijuana or that they want VA to begin dispensing medical marijuana nationwide or in the states that have passed medical marijuana reforms. They are simply asking that VA's research arm — the Office of Research and Development — conduct clinical research on the efficacy of marijuana as a therapy for veterans.

This is not a debate about whether states should legalize marijuana nor does it pit liberal reformers against conservative elements of the Trump administration. The request centers on an empirical question in science: can marijuana be used to treat conditions in soldiers? Americans want our veterans to have the best care possible — and they want to make sure the VA is doing all that it can to provide up-to-date, cutting edge, and effective medicines for patients. With hundreds of thousands of patients across the country reporting benefits from medical marijuana and with veterans self-medicating on a daily basis, VA owes it to veterans to conduct high quality, rigorous research into this substance.

No, Mr. Secretary, the VA is not restricted from conducting medical marijuana research. In Shulkin's response, he claims that "... Federal law restricts VA's ability to conduct research involving medical marijuana ..." That claim is simply false. Doctors and researchers at the VA or in VA hospitals could conduct research into the medical efficacy of marijuana while remaining completely compliant with federal laws, regulations, and the United States' obligations under international agreements. Doctors and other researchers across the United States conduct research into the health effects, risks, and benefits of marijuana for medical purposes every day. Nothing under federal law treats a VA researcher differently than it does a doctor at Sloan Kettering or a researcher at the University of Michigan.

Yes, there is a protocol that must be followed in order to conduct such research. I have written extensively about how the bureaucracy surrounding the approval process for federally-approved medical marijuana research has a chilling effect on science, is inappropriately arduous, and puts the government between doctors and their patients who want answers. However, that arduous bureaucracy does not stop VA from conducting research.

If the secretary's use of the word "restricts" is given the most generous interpretation, he may mean that the bureaucratic process is burdensome for VA. That would be accurate. However, it would be inappropriate for the VA secretary to claim that a challenging bureaucratic process is a reason to avoid research that may help our wounded warriors get well. What's more, if that bureaucratic process is so onerous that it is preventing VA from conducting important research that should help veterans, it is incumbent upon the secretary to do something about it. Most of the red tape exists because of rules set by HHS and DEA with regard to registration, licensure, evaluation, and the supply of research-grade cannabis. Shulkin should not complain about bureaucracy, but instead work with leadership at HHS, DEA, and DOJ to create a workable process that puts veterans' needs above bureaucratic inertia.

VA analysis of existing research is embarrassingly incomplete

In his letter to Walz, Shulkin notes that his department "commissioned a report from its Evidence-Based Synthesis Program, which conducted a systematic review of research and literature on the 'Benefits and Harms of Cannabis in Chronic Pain or PTSD.'" This program may have conducted a review; systematic it was not. In discussing the findings, Mr. Shulkin notes, "[t]he review found insufficient evidence to demonstrate benefits of cannabis use for patients with PTSD or chronic pain." He also explains the review "identified 10 randomized, controlled trials of cannabis for chronic pain, and two randomized, controlled trials of cannabis for PTSD that are currently underway. For purposes of the review, the literature search included 12 systematic reviews and 48 primary studies."

That review may seem significant, but one need look no further than another government entity for a review of the literature that is actually comprehensive and systematic. The National Academies of Sciences, Engineering, and Medicine published "The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research," eight months before VA published their assessment. The National Academies report examined "10,759 unique articles, including 1,488 articles initially categorized as systematic reviews ... After filtering ... 6,540 primary literature articles and 288 systematic reviews were left to be reviewed by the committee" (411-12). Granted the National Academies report focused on more conditions than simply chronic pain and PTSD; the disparity in numbers is still staggering.

Moreover, the National Academies report notes in its conclusions that "There is conclusive or substantial evidence that cannabis or cannabinoids are effective for the treatment of chronic pain in adults" (14) and "there is limited evidence that cannabis or cannabinoids are effective for improving symptoms of posttraumatic stress disorder" (14). The latter statement on PTSD could square with the findings of the VA report. However, the National Academies' findings with regard to the treatment of chronic pain precisely refute the VA claims, demonstrating the errors that can be made when a non-exhaustive review of important medical literature is passed off as comprehensive.

The flawed logic surrounding cannabis' side effects

The VA's limited review of cannabis' side effects notes that epidemiological studies show "significantly increased odds of a suicide; an increased incidence of new-onset mania among populations without a diagnosis of bipolar disorder; and low-strength evidence of an association between cannabis use and development of psychotic symptoms."

The National Academies report would suggest different findings such as "moderate evidence of a statistical association between cannabis use and increased incidence of suicidal ideation and

suicide attempts with a higher incidence among heavy users” and “moderate evidence of a statistical association between cannabis use and increased mania and hypomania in individuals diagnosed with bipolar disorders” (20). However, it is critical to put this information in context — which Shulkin’s letter inappropriately fails to do. First, the findings to which the VA report points are statistical associations and not causal relationships. What does that mean? On the point of suicidal ideation or suicide attempts, we do not know if people attempt suicide because of the use of marijuana or if people who are suicidal are more likely to use marijuana in an effort to self-medicate or other possible causal relationships. Correlation does not equal causation. The secretary knows that, and as a science professional, he should have been far more forthcoming about that reality than he was in the letter.

Additionally, much of the research VA relies on is observational research. That is, it is research focused on observing individuals consuming marijuana on their own terms, at their own rate, and in the amounts that they choose. Such studies are not based on marijuana use in a controlled, clinical setting. Finally, statistical associations between the use of a substance should be studied thoroughly to assess causation. Many medicines have side effects including suicidal ideation or attempts, mania, as well as a host of other symptoms and behaviors. Finding out whether a substance causes those symptoms, how clinical dosing can minimize those symptoms, or understanding how specific subgroups (i.e., those diagnosed with bipolar disorder referenced above) tolerate a medicine are basic questions in medical and pharmaceutical research. If VA wants to commit itself to finding the most effective therapies for veterans it will assess the literature in a manner that is truly exhaustive — rather than a handful of studies — and support peer-reviewed, clinical research to find answers. We don’t want to give veterans medicines that will increase incidence of suicide. Nor do we want to take a medicine off the table because of preexisting bias or incomplete information.

The risk of impaired driving is no excuse for limiting research

In discussing risks of harm, the secretary’s letter leads by noting “moderate-strength evidence from analysis of multinational observational studies found that acute cannabis intoxication was associated with a moderate increase in motor vehicle collisions.” Secretary Shulkin is correct that individuals using marijuana should not drive a car. However, this argument is asserted as a reason not to conduct research into marijuana’s medical efficacy. That argument is nonsensical and undermines the medicine practiced in VA hospitals across the U.S. every day.

There are numerous pharmaceuticals that can cause impairment or other symptoms that make the operation of a motor vehicle risky. In fact, many drugs prescribed by a doctor and/or dispensed at a VA hospital come with warnings such as “Do not drive or operate heavy machinery while taking this medication.” If the risk of impaired driving were the threshold for banning a substance, pharmacies would lose significant percentages of their supply. It is further unacceptable to suggest that such a risk serves as a basis for refusing to conduct clinical research on a substance.

VA has an opportunity to do cutting edge research

In his letter, Shulkin notes that “most of the studies were not specific to populations with PTSD or chronic pain” when examining risk of harm. It is true that many cannabis studies do not focus on populations with those conditions or the intersection of those conditions, or on veteran populations more generally. However, that reality is not a legitimate reason for refusing to conduct research into marijuana’s medical efficacy. In fact, VA has a significant opportunity to study the therapeutic benefits and risks not afforded to other research institutions. The

secretary's letter admits what everyone knows — veteran populations have significantly higher rates of PTSD and/or chronic pain than the general population. As a result, VA has an ideal population to study the effects of cannabis among those suffering from such conditions.

Further, some veterans are hesitant to enroll in cannabis-related clinical studies (of course conducted outside of VA hospitals) for fear that they may test positive for cannabinoids in a VA doctor visit or unrelated hospitalization, resulting in a disciplinary action or change in course of treatment from the facility. Even as VA has ended its prohibition on patients talking to doctors about their medical marijuana use, those fears still remain within veteran populations, and VA must be sensitive to the fact that cultural changes often lag policy changes in such situations. However, a VA-conducted trial will provide a safe space for veterans to enter such trials, knowing that the same institution will recognize the legitimacy of the clinical trial.

Veterans and non-veterans who suffer from PTSD and/or chronic pain can see benefits from VA-conducted clinical trials into the medical efficacy of cannabis. If research demonstrates medical efficacy, it can help change policy and improve lives. If research shows no relationship or a negative relationship between marijuana and specific disorders, the public will be better informed about the risks.

The spillover effects of Sessions' marijuana policy

Of late, VA has patted itself on the back for scrapping the so-called gag rule. The gag rule as mentioned above forbade doctors and patients from discussing medical marijuana use, even in states that have reformed their medical marijuana laws. While the rollback of that guidance has its skeptics in veteran populations, it was an important step toward ensuring that patients are being honest and forthcoming with doctors, providing physicians with a complete disclosure of their medical history.

However, Attorney General Jeff Sessions' decision earlier this month to rescind the Cole Memo that protected state-legal marijuana businesses and consumers from federal prosecution reignited a concern among marijuana users about the administration's position. While the repeal of the Cole Memo does not affect medical marijuana, Sessions has stated that he wants Congress to repeal the provision of law that restricts his ability to spend funds to prosecute medical marijuana companies and users. If marijuana users are skeptical of the administration, its position on marijuana policy, and its likelihood to change policy on a whim in ways that punish marijuana and medical marijuana advocates, problems can abound. Such concerns can and will have a chilling effect within veteran populations. That chilling effect will mean that more veterans will self-medicate, without physician consultation, and such behaviors can lead to some of the same risks the secretary lays out in his letter.

Combining concerns about the attorney general, language from the White House supporting Sessions, and a VA Department unwilling even to conduct research into the possibility that marijuana could have medical value speaks loudly to veterans. It tells them that this administration will be tough on marijuana and that it has no interest in answering important medical questions — even those that could improve the lives and well-being of our wounded warriors. In fact, that message is amplified by a VA secretary who is not even willing to provide an honest assessment of the state of scientific research or the realities of American public policy to a Congressional committee with oversight.

Moving forward

Shulkin has an obligation to do better. He should recommit that his own department examine the questions posed by the House Veterans Affairs Committee more carefully and rigorously than it has previously as outlined in his letter. He should have a frank conversation in-house that distinguishes between conducting research on the medical efficacy of marijuana and endorsing the legalization of marijuana. Conducting basic medical research is important for the advancement of therapies for our veterans and the VA has unique opportunities to advance such efforts. Instead, old-fashioned biases, incomplete evaluations of existing literature, and a mischaracterization of policy has, to this point, won the day at VA.

The irony in the secretary's response to Walz's query is that the department's position and behaviors do not advance health care for our veterans. Instead, it adds further risk that frustrated veterans with a variety of conditions will self-medicate, procure medicine through illegal means and/or fail to be forthcoming with their VA doctors. Veterans deserve better than an administration that produces letters like the one sent to the Congress on December 21.

John Hudak, the author of Marijuana, A Short History, is deputy director of the Center for Effective Public Management at the Brookings Institute, where this piece was originally published.

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5.10 - WEAU (NBC-13): [Veterans could receive reimbursement after emergency medical visits](#) (16 January, Abigail Hantke, 276k uvm; Eau Claire, WI)

Local veterans could see some money back to help pay their bills after an emergency medical visit at a non-VA facility.

"They're not everywhere and emergencies can happen everywhere," said local veteran Michael Ludvik, who served in the Marines.

Planning and emergencies do not go hand-in-hand. So making sure you're covered by your insurance during an emergency trip to the doctor, doesn't always work in your favor.

However, the U.S Department of Veterans Affairs is hoping to help local vets foot the bill in emergency situations.

"Before this regulation went through the VA was not paying any additional costs for emergency services that the veterans private health insurance didn't cover," said Eau Claire County Veteran Services Director Tim Moore. "So the veteran would turn in what was paid for by their private insurer for the emergency visit and VA would not cover. Now with this change they're going to be picking up some of that tab."

A new regulation is offering help in emergency treatment for vets at non-VA facilities. Moore added the remainder of the bill from the private insurer would go to the VA; and the VA would still determine if it would be considered an emergency.

Ludvik knows the benefits of having help with his bills and said this is something that'll only continue helping vets.

“I’m all for the VA helping out,” he said. “I, myself, I was personally injured. The VA stepped in, I was at Mayo Clinic. They paid Mayo Clinic for my treatments. So I’m for the VA to help out any way they can and have been doing.”

Veterans will still have 72 hours to notify the VA of their situation and then have 90 days to submit a request after they’re discharged

For the thousands of veterans in Eau Claire County, or any veteran in the state, this regulation began January 9th, but they’re backdating everything to April 8th of 2016 for any claims currently pending.

The Eau Claire County Veterans Office said if you have any questions regarding your healthcare benefits through the VA to give them a call. You can also read more by, clicking [here](#).

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5.11 - Task & Purpose: [VA Says It Will Not Study Effects Of Medical Marijuana On PTSD And Chronic Pain](#) (16 January, James Clark, 102k uvm; New York, NY)

The Department of Veterans Affairs will not conduct research into the effects of medical cannabis on post-traumatic stress disorder and chronic pain — some of the very ailments veteran patients rely on the drug to treat.

In a Dec. 21 letter to Minnesota Democrat Rep. Tim Walz, VA Secretary David Shulkin said that the department is unable to research medical cannabis due to federal restrictions. “VA is committed to researching and developing effective ways to help Veterans cope with post-traumatic stress disorder and chronic pain conditions.

“However, federal law restricts VA’s ability to conduct research involving medical marijuana, or to refer veterans to such projects,” he added.

VA press secretary Curt Cashour expanded on Shulkin’s explanation in an email to Task & Purpose this afternoon: Conducting research into medical cannabis at the VA would “involve interactions with a number of federal entities” from the Food and Drug Administration, Health and Human Services, National Institute of Health, National Institute of Drug Abuse, and the Drug Enforcement Administration.

“Requirements include review of an investigational new drug application and approval of the research protocol by the FDA; an investigator registration and site licensure by the DEA; and obtaining the medical drug through NIDA and the nationally approved medical marijuana production laboratory,” Cashour said in an email.

In other words, it’s not illegal, but there’s a lot of red tape to get through.

Shulkin’s letter was a response to Walz and nine other Democrats from the House Committee on Veterans Affairs who submitted a letter in October asking whether the VA would commit to conducting research into the effects of medical cannabis on post-traumatic stress disorder and chronic pain, and if not, what barriers stood in the way of that research.

Walz's office released both Shulkin's Dec. 21 letter, as well as another letter dated Jan. 16, again calling for the VA to outline "any and all external and internal barriers in the pursuit of research" into medical cannabis.

"VA's response not only failed to answer our simple question, but they made a disheartening attempt to mislead me, my colleagues, and the veteran community in the process," Walz wrote. "They claimed, without citing any specific law, that VA is restricted from conducting research into medical cannabis, which is categorically untrue. They also go on to make additional excuses while demonstrating a severely limited understanding of existing medical cannabis research in the process."

Shulkin's confirmation that the VA will not pursue research on the potential benefits of medical marijuana for veterans is a huge setback for advocates who see the drug as a potential alternative to a pill-heavy treatment plan, for ailments like chronic pain — which affects half of all patients enrolled in the Veterans Health Administration

VA Secretary David Shulkin on Medical Marijuana For Vets

In an exclusive sit-down interview with Task & Purpose June 12, Veterans Affairs Secretary David Shulkin made clear his department would pursue any emerging therapy with promise for disabled or troubled veterans — including medical marijuana. Here's what he said.

Twenty-nine states, plus the District of Columbia, Puerto Rico, and Guam have legalized medical cannabis programs, and veterans organizations have been pushing for research into the drug as a possible treatment option for ailments such as PTSD and chronic pain, and as an alternative to highly addictive opioids.

Cannabis research also has widespread support among veterans and their family members, with a November 2017 American Legion phone survey reporting that 92% of veteran households support research into the efficacy of medical cannabis in treating mental and physical health conditions.

The news that the VA will not conduct research into medical cannabis comes just a month after the department broadened its guidelines for patients in state-legal medical pot programs to openly discuss their cannabis use with VA physicians — something never officially barred but not widely disseminated or understood.

At this time, it's unclear how the department's stance on marijuana research will impact how VA doctors speak with patients about the drug's use.

"I do not understand how VA can allow VA doctors to discuss medical cannabis with veterans while at the same time refusing to conduct research into medical cannabis's effects on veterans," Walz told Task & Purpose in an email. "To me, these mixed signals are counter intuitive and irresponsibly put veterans' health at risk."

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5.12 - HC+O News: [San Jose Veterans Affairs Clinic Brings Healing Oasis to Patients](#) (16 January, Roxanne Squires, 14k uvm; San Rafael, CA)

SAN JOSE, Calif. — Interdisciplinary architecture and design firm Hoefer Wysocki Architecture, of Leawood, Kan., completed construction of a 95,000-square-foot, three-story facility for the Veterans Affairs (VA) outpatient clinic in San Jose this January.

The \$40 million facility will now provide much-needed services for veterans and their families, with a new ultra-modern, sustainable design created to offer what is being dubbed as a “healing oasis” for patients at the San Jose clinic. The design was originally inspired by the scenic views of the Santa Cruz mountains, with exterior wood veneer composite panels and transparent glazing aimed to connect patients and their families closer to the outdoors as well as offer better community access.

Veterans Affairs Clinic Process Started in 2016

The first floor includes general registration, imaging, a lab and a pharmacy as well as a mental health outpatient clinic, according to a statement. The second floor will be designed for outpatient services including primary care, audiology and speech pathology, podiatry, optometry and dermatology. The third floor will be dedicated to additional specialty services including a women’s health clinic.

With the project beginning in early 2016, Hoefer Wysocki worked on an accelerated schedule, having approximately 24 months to complete construction, implementing lessons learned from previous VA facilities. With the site located adjacent to the US 101 freeway, they faced challenges in trying to position the building to achieve maximum daylight and minimum noise pollution. Using a PACT module, the design team worked toward ensuring better sight of the clinic from the adjacent freeway, securing mountain views and maintaining an optimal orientation for passive solar design to meet LEED requirements while also maximizing overall functionality within the specified budget, according to a statement.

A modular floor plan separates patient and staff corridors, reducing noise and activity levels, and contributes to a calmer healing environment. Waiting areas adjacent to exterior glass walls provide a view of the area’s mountains and plentiful daylight. An outdoor terrace on the third level also offers a haven for retreat and relaxation for patients and their families as well as clinic staff.

“This facility is being designed as a ‘healing oasis’ with a park and outdoor recreational areas,” said Hoefer Wysocki Lead Designer Hosam Habib, AIA, in a statement. “The concept is based on incorporating air, light and space so the design becomes a part of the healing process for patients.”

The San Jose community-based clinic will implement new technological tools to help maintain its modern design, with a highly efficient mechanical system to meet building requirements, second-generation glazing for solar energy, a dimming lighting system, low-irrigation plans to reduce water consumption, a solar water heater, a kiosk check-in and Wi-Fi technology for patients and staff. These features will help the clinic work toward earning its LEED Silver certification.

In addition, the campus will feature a memorial park for visitors to properly honor and thank U.S. veterans. The clinic is scheduled for occupancy in the first quarter of this year.

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6. Suicide Prevention

6.1 - Washington Times: [Analysis/opinion - Lowering the suicide rates of those who serve](#)
(16 January, Jacy Gomez, 10.8M uvm; Washington, DC)

President Donald Trump last week signed an executive order which seeks to lower suicides rates among our nation's veterans. The order, which would take effect in March, expands mental health services for transitioning veterans upon their return home to civilian life. Mr. Trump hailed the order as a "historic step to make sure that our incredible veterans are taken care of in a proper manner."

The Departments of Homeland Security, Defense, and Veterans Affairs have two months to iron out the logistics of the order.

Though specifics of the order are not yet clear, the president's actions are a positive step forward in giving transitioning veterans the mental health services they need and deserve. His commitment to these brave men and women deserves a great deal of praise and support.

It's no secret that veterans are uniquely at risk for suicide. Though former servicemen and women make up less than 10 percent of the U.S. population, veterans account for more than 18 percent of suicides in the United States. Tragically, roughly 20 veterans will choose to end their lives today.

Suicide rates among veterans are rising far faster than rates among civilians. From 2001 to 2014, which is the latest data available, suicide rates rose 23 percent for civilians and 32 percent for veterans. That means that the risk of suicide is 21 percent higher for veterans than for civilians.

There are many contributing factors to the mental health disorders that frequently lead to suicide. According to Allison Jaslow, executive director of Iraq and Afghanistan Veterans of America, veterans often have "complex injuries" and "challenges" that civilian doctors either don't understand or aren't equipped to deal with. These challenges include post-traumatic stress disorder — which affects up to 20 percent of veterans — and brain injuries from battle.

She's right — current Veteran Administration healthcare services to support veterans at home are failing spectacularly.

Every year, roughly 265,000 service members transition out of the military. Of those, nearly 6 of every 10 do not have immediate access to healthcare services upon their return home. That's because veterans do not qualify for care until after the government determines their medical ailment is tied to their service.

The transition from military life to civilian life is often very stressful on veterans. In fact, veterans who have been home from service for a year or less are 150 to 200 percent more likely to commit suicide than other veterans.

Once they do qualify for care, VA incompetence forces veterans to languish in pain and discomfort for weeks before receiving necessary treatment at VA hospitals. As of February 2017, no fewer than 144,000 veterans waited 30 days or more to see a doctor.

Mental health services are particularly atrocious. According to a March 2017 review of more than a dozen VA facilities up and down the east coast, an astonishing 36 percent of veterans waited more than a month between primary and mental healthcare appointments.

The status quo is also failing veterans in need immediate care. Calls to the Veterans Crisis Line, for example, often go unanswered. The line was created for the sole purpose of supporting veterans and their families in dire need of mental health assistance. A March 2017 report revealed that more than 25 percent of calls go to backup centers, where dispatchers do not have adequate training and resources to assist veterans in crisis.

Mr. Trump's executive order is a great first step in remedying these problems. His order states that transitioning veterans should have "seamless access to mental health treatment and suicide prevention resources."

Preliminary reports of the plan include expanding the number of VA "Whole Health" facilities, which offer veterans group support sessions.

Moreover, the Department of Defense seeks to expand access to its Military OneSource program. The Military OneSource program enables veterans to receive counseling on relationships, their time in the service, their civilian transition, and more. Currently, the program is available to veterans for 180 days after they leave the military. The president's proposed change would extend the time these services are available to 365 days after veterans leave the service.

The president's executive order deserves praise from lawmakers on both sides of the aisle. Still, we can't forget that our healthcare services are far from adequate. In the remaining years of his presidency, Trump should continue pursuing policies to support veterans.

In the meantime, expanding mental health and support services to transitioning veterans will no doubt improve the lives of America's veterans and their families.

• *Jacy Gomez, a former congressional staffer for Sen. Chuck Grassley, Iowa Republican, is a communications specialist based in Washington.*

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6.2 - WJHL (CBS-11, Video): [VA reps to discuss impact of opioid reduction on suicides during summit](#) (16 January, Nate Morabito, 623k uvm; Johnson City, TN)

WASHINGTON, DC (WJHL) – Several Veterans Affairs representatives are expected to speak about the impact of opioid discontinuation on suicides during the National Prescription Drug Abuse and Heroin Summit in April.

According to the summit's agenda, those VA employees will discuss, among other things, Department of Veterans Affairs' data that shows, "In two sets of fiscal years — 2010-2011 and 2013-2014 — opioid discontinuation was not associated with overdose mortality but was associated with increased suicide mortality."

A VA spokesperson confirmed the federal agency's involvement with the analysis and summit.

“VA will be participating in the 2018 National Rx Drug Abuse and Heroin Summit, where representatives will discuss this preliminary data, which must still undergo peer review before being considered final,” Curt Cashour said.

As we reported Monday, the Department of Veterans Affairs Recently released data that shows Mountain Home VA Medical Center reduced opioid prescribing by 49% between 2012 and 2017.

Chief of Staff Dr. David Hecht said Mountain Home VA continues to monitor patients for any serious side effects.

“Any time we reduce these medications, we want to do them in a safe environment whether it’s as an in-patient or close monitoring as an outpatient,” Dr. Hecht said. “Reduction of these medications can have significant side effects, so we follow them closely.”

Dr. Hecht said just under 3,900 veterans at Mountain Home were prescribed opioids at the end of 2017, which is around 10% of the total patient population.

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6.3 - Patient EngagementHIT: [Executive Order Calls to Aid Veteran Access to Mental Healthcare - The executive order calls on the DoD, VA, and DHS to create protocol that enable veteran access to mental healthcare within one year of exiting the services.](#) (16 January, Sara Heath, 21k uvm; Danvers, MA)

January 16, 2018 - President Trump has signed an executive order aimed at expanding veteran access to mental healthcare during transitions from military service to civilian life.

The order, titled “Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life” requires the Departments of Defense, Veterans Affairs, and Homeland Security to create protocol that would ensure veterans receive mental healthcare for at least one year following leaving the uniformed services.

Currently, 60 percent of newly civilian veterans do not have access to mental healthcare, mostly because of insufficient verified service connection for mental healthcare. The DoD, VA, and DHS will be in charge of filling this care gap.

The agencies have 60 days to develop a Joint Action Plan to establish access to mental health and suicide prevention resources for veterans returning to civilian life. Within 180 days, the DoD, VA, and DHS must update the President of the Joint Action Plan’s progress.

This work is essential, considering the large role mental healthcare plays in reacquainting a serviceman or woman back into civilian life, according to VA Secretary David J. Shulkin, MD.

“As service members transition to Veteran status, they face higher risk of suicide and mental health difficulties,” Shulkin said in a statement. “During this critical phase, many transitioning service members may not qualify for enrollment in health care. The focus of this Executive Order is to coordinate Federal assets to close that gap.”

Veterans three to six months out of their service contracts are three times more likely to commit suicide than other groups, according to a press release from the White House. About 18.5 percent of veterans returning from Iraq or Afghanistan suffer from post-traumatic stress disorder (PTSD), the White House said.

The three agencies will need to eliminate certain veteran barriers to mental healthcare, including prior time limits. They will also work to establish the following:

- Expanding peer community outreach and group sessions in the VA Whole Health initiative from 18 Whole Health Flagship facilities to all facilities. Whole Health includes wellness and establishing individual health goals.

- Extending the Department of Defense's "Be There Peer Support Call and Outreach Center" services to provide peer support for Veterans in the year following separation from the uniformed service.

- Expanding the Department of Defense's Military One Source (MOS), which offers resources to active duty members, to include services to separating service members to one year beyond service separation.

This executive order allows the DoD, VA, and DHS to partner in ways that are beneficial to their constituents.

"The Department of Homeland Security is where many Veterans find a second opportunity to serve their country — nearly 28 percent of our workforce has served in the armed forces, in addition to the 49,000 active-duty members of the United States Coast Guard," said Secretary of Homeland Security Kirstjen Nielsen.

"This critically important Executive Order will provide our service members with the support they need as they transition to civilian life," Nielsen added. "These dedicated men and women have put their lives on the line to protect our nation and our American way of life, and we owe them a debt we can never repay. We look forward to working with the VA and DOD to implement the president's EO."

This move comes as a part of the President's reported commitment to serving the armed forces, he said in the White House statement.

"We must ensure that our veterans are given the care and support they so richly deserve," the President said. "That is our unwavering commitment to those who served under the flag of the United States."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Washington Examiner: [Veterans seeking homeownership need protection](#) (17 January, Rob Posner, 4.8M uvm; Washington, DC)

As CEO of NewDay, I'm seeing a disturbing trend within our mortgage industry that hurts veterans through their Department of Veterans Affairs home loans — the very loans intended to reward these patriotic citizens for their service to our nation.

Veterans with VA loans are being hurt by a few lenders offering to save them money on their monthly mortgage payments. On the surface, these offers sound appealing. In reality, veterans and active military will lose money. Here is how this predatory lending practice works.

The VA loan offers tremendous benefits in helping veterans and their families realize the American dream of home ownership. This loan is helpful because it is guaranteed, backed by the Department of Veterans Affairs. It allows veterans to purchase a home without a down payment. Since the Department of Veterans Affairs Established the VA Home Loan program in 1944, more than 20 million VA home loans have been guaranteed under the program.

But a harmful lending practice called “loan churning” occurs when lenders make repeated offers to lower a veteran’s home loan interest rate by a negligible amount, often times by a quarter percentage point or so. The veteran is also told they can even skip a month or two of mortgage payments while his loan paperwork is processed. The veteran believes he is saving money, but the offer is too good to be true.

It sounds too good to be true because, in fact, it is not true.

What the veteran is not told is how the lenders may charge an “origination fee,” and other expensive closing costs, increasing the unpaid loan balance. The end result is a refinanced loan that appears to have a short-term gain for the veteran, but in the long run could end up being costlier.

Loan churners predominantly use a popular VA loan called the VA Interest Rate Reduction Refinance Loan or. This disturbing trend requires immediate action by mortgage lenders, federal agencies, and possibly even Congress to ensure our active service members and veterans are protected.

Recently, Veterans Affairs and the Government National Mortgage Association (known as Ginnie Mae) have formed a joint task force to make recommendations to end loan churning.

Our company has long established practices that, if adopted by the rest of the lending industry, can greatly reduce — if not end — VA loan churning.

First, the practice of charging costly origination fees on IRRRLs must be stopped. Eliminating origination fees on IRRRLs removes the primary incentive for churning. Next, limit the frequency of IRRRL refinances to once every 12 months, to ensure the discipline of making a mortgage payment remains continuously reinforced.

In Washington, D.C., the VA and Ginnie Mae are working together to effectively end loan churning. The time has come for more substantive policy changes to extinguish a shameful practice that takes unfair advantage of our nation’s active military and veterans.

Rob Posner is CEO of NewDay USA.

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7.2 - The Weekly Standard: [Fact Check: Did Trump End a VA Program for Homeless Vets?](#) (16 January, Holmes Lybrand, 2.1M uvm; Washington, DC)

An article published on December 6, 2017, claimed that Donald Trump's administration had cut a Veterans Affairs program for homeless veterans while the number of homeless veterans increased.

"Trump ends homeless vets program as their numbers rise for first time in 7 years," the headline from Shareblue Media runs.

The article, which saw an increase in traffic on Facebook recently, cites a report from Politico.

Politico updated its own Dec. 6 piece one day later to say that "Veterans Affairs Secretary David Shulkin has killed a plan to shift money from a major homelessness program" amid heavy backlash from advocacy groups and other government agencies.

The report from Shareblue Media, however, may have been written prior to Shulkin revoking the proposed plan, which occurred "late Wednesday"—December 6—as Politico noted. The article was and remains inaccurate in stating in its headline that "Trump ends homeless vets program."

Shulkin released the statement saying that "there will be absolutely no change in the funding to support our homeless programs" at 5:53 p.m. on Wednesday, December 6.

Shareblue Media's article is also unclear on what the proposed program shift would have actually done. The Washington Post reports that the change would have diverted funds from the VA "to local VA hospitals for discretionary use."

The article was correct in noting that the population of homeless veterans saw an increase in 2017, the first time in seven years. The article does not note that the increase was small (close to 600 people) and "largely due to a spike in the Los Angeles area, where the cost of housing has skyrocketed" as CNN reports.

There is a link at the bottom of the article to an update on the story, headlined "Veterans shame Trump admin into keeping program for homeless vets." But without an update to the headline or clarification to the original article, it remains a mixed bag.

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8. [Other](#)

8.1 - The Hill: [A 2018 challenge to government animal experimenters: find your own funding](#) (16 January, Anthony Bellotti, 11.8M uvm; Washington, DC)

I founded the taxpayer watchdog group, White Coat Waste Project, to stop upwards of \$20 billion in wasteful and cruel government-funded experiments on dogs, cats, primates and other animals.

But I don't want to ban a single animal test. I want to defund them.

The growing majority of Americans who oppose animal testing might be surprised to learn that Uncle Sam spends over twice as much on animal tests as every pharmaceutical, biotech and

medical device company combined. The National Institutes of Health — just one of many agencies conducting and funding animal experiments — spends about half of its \$32 billion budget on animal testing.

Despite this enormous investment of taxpayers' money, government-funded animal testing isn't driving medical innovation. In a commentary last year, Harvard Medical School professor Dr. Thomas Stossel explained, "The private economy, not the government, actually discovers and develops most of the insights and products that advance health." Stossel wrote that, "Eighty-five percent of the drugs approved by the FDA since 1988 arose solely from research and development performed within the industry."

Big government outspends the private sector two-to-one on animal testing and defends it as "essential to developing crucial medical advancements," but ultimately contributes to few practical breakthroughs. This doesn't add up.

Controversial experiments on dogs at the Department of Veterans Affairs provide a glimpse into the problem — but also point to a solution.

Right now, the VA doles out more than \$1,600 to purchase 6-month-old beagles, hounds or mixed-breed dogs. The white coats at the VA then spend hundreds of thousands of our tax dollars to surgically induce heart attacks by injecting latex into the puppies' arteries and then stressing their damaged hearts by forcing them to run on a treadmill. Congress members have noted that some of the experiments are placed in the government's "maximum pain" category because the dogs' pain and distress are left unrelieved. The VA then sticks a needle in them, cuts their hearts out and tosses their bodies in the trash.

As many veterans' groups have pointed out, the VA has scant evidence that these heart attack tests or its 10 or so active painful dog experimentation projects actually help veterans. This inefficiency is consistent with the government's own alarming statistic that 90 percent of drugs that pass animal tests fail in humans, "resulting in much wasted time and money while patients wait for therapies."

It turns out that the only 21st century innovation the VA claims any of its dog testing has contributed to — the artificial pancreas for treating Type 1 diabetes — was entirely industry-funded.

The private sector, which spends much less than government on animal testing and is responsible for the lion's share of medical innovation, is clearly a better judge of what's a good investment than government bureaucrats for whom, as one of the world's top Alzheimer's disease researchers puts it, animal testing "has become a perpetually blooming money tree." Unlike industry, government doesn't worry about return on investment, so it has no incentive to innovate or to cut wasteful spending.

As Dr. Stossel wrote in the aforementioned op-ed, "Washington-centric research ... might slow progress." Public health experts even concluded in a British Medical Journal cover feature a few years ago that, "The public's continuing endorsement and funding of preclinical animal research seems misplaced."

We agree, and so does Congress. This past summer, the House of Representatives — in an effort led by economist Rep. Dave Brat (R-Va.) — voted unanimously to cut federal funding for the VA's wasteful and painful dog experiments.

Secretary David Shulkin has said the VA should “operate more like the private sector.” So, let the VA’s dog experimenters compete in the marketplace. Let them pitch Wall Street, Big Pharma, Silicon Valley, perhaps launch a Kickstarter campaign or have a bake sale. Venture capitalists, hedge fund managers and biotech entrepreneurs are investing billions every year in biomedical research.

If the VA can’t raise the money for its dog experiments without federal subsidies, that tells us everything we need to know.

This should resonate with every single Congress member who voted to repeal ObamaCare. After all, if you don’t support “socialized medicine,” why would you support socialized “medical research” at the VA?

Our new year’s challenge to the VA’s animal experimenters and other government “white coats” who poke, prod and poison dogs: find your own funding.

Anthony Bellotti is the founder and president of White Coat Waste Project, a watchdog group working to end federally-funded animal experiments. Bellotti previously was executive director of the American Association of Political Consultants and worked as a strategist on Republican candidate and issue campaigns.

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Veterans Affairs Media Summary and News Clips

17 January 2018

1. [Top Stories](#)

1.1 - Washington Post (Video): [VA says it won't study medical marijuana's effect on veterans](#) (16 January, Katie Zezima, 43.9M uvm; Washington, DC)

The Department of Veterans Affairs says it will not conduct research into whether medical marijuana could help veterans suffering from post-traumatic stress disorder and chronic pain, as veterans groups are pushing for the use of the drug as an alternative to opioids and anti-depressants. In a letter to U.S. Rep. Tim Walz (D-Minn.), Department of Veterans Affairs Secretary David Shulkin said VA's ability to research medical marijuana is hampered...

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1.2 - Washington Post: [An Army vet found a scalpel in his gut 4 years after VA hospital surgery](#) (16 January, Derek Hawkins, 43.9M uvm; Washington, DC)

When Glenford Turner had a dizzy spell in March of last year, he went to the Veterans Affairs hospital in West Haven, Conn., to see what was wrong. Doctors ordered an MRI of the 61-year old Army veteran's head. But the real answer, it turned out, was in his gut. According to a federal lawsuit he filed last week in U.S. District Court, Turner was halfway through an examination when a wave of severe abdominal pain hit him.

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1.3 - Denver Post: [VA hospital in Aurora gets August 11 opening date as thorny congressional hearing looms Wednesday - Veterans Affairs panel expected to raise concerns about unfinished tasks and projected lack of staffing The Post reported last week](#) (16 January, Mark K. Matthews, 4.8M uvm; Denver, CO)

After years of delays, the U.S. Department of Veterans Affairs plans to open a new hospital in Aurora on Aug. 11 — although Tuesday's announcement is unlikely to spare the agency from criticism when several of its top officials appear Wednesday before Congress to talk about the troubled project.

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1.4 - Hartford Courant: [Surgeon Admitted Scalpel Left Inside Veteran, Lawsuit Says](#) (16 January, Jesse Leavenworth, 2.1M uvm; Hartford, CT)

Before his prostate surgery in 2013, a U.S. Army veteran acknowledged the risks of going under the knife, his lawsuit against the federal government says. But Glenford Turner of Bridgeport did not count on leaving the West Haven Veterans Affairs Hospital with a five-inch-long scalpel in his gut, according to the suit against the U.S. Department of Veterans Affairs.

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1.5 - Stars and Stripes: [Harsh response to Shulkin's decision that VA won't study medical marijuana for PTSD](#) (16 January, Nikki Wentling, 1.5M uvm; Washington, DC)

Despite pleas from congressmen, veterans and the country's largest veterans service organization asking for research into medical marijuana, the Department of Veterans Affairs won't initiate a study into the drug's effects on post-traumatic stress disorder, VA Secretary David Shulkin wrote in a letter to House Democrats.

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1.6 - Stars and Stripes: [Beleaguered Colorado VA hospital sees staffing, design challenges before 2018 opening](#) (16 January, Nikki Wentling, 1.5M uvm; Washington, DC)
Hundreds of tasks need to be completed and hundreds of job openings filled before the new, overbudget and over-deadline Veterans Affairs hospital near Denver – scheduled to open this summer – begins accepting patients. Even when the hospital opens its doors, the old Denver VA and other off-site facilities will remain in use indefinitely because of design flaws at the new campus, located in Aurora, Colo.

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2. [Greater Choice for Veterans](#)

2.1 - KCNC (CBS-4, Video): [VA Hospital In Aurora To Open In August](#) (16 January, 26.4M uvm; Denver, CO)

The Department of Veterans Affairs says the the VA Hospital in Aurora will open in August. Congressman Mike Coffman, a Republican representing Aurora, tweeted an update on the hospital's progress. The construction of the hospital has gone through its share of troubles, including being more than being \$1 billion over budget and a delayed opening.

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2.2 - KMGH (ABC-7, Video): [Aurora VA gets opening date as more problems revealed - VA hearing on hospital set for Wednesday](#) (16 January, Jason Gruenauer, 2.1M uvm; Denver, CO)

The long-awaited and over-budget Veterans Affairs hospital in Aurora now has an opening date of Aug. 11, 2018. But there is much that needs to be done or redone before August arrives. Congressional documents, obtained by The Denver Post, reveal nearly 375 fixes that still need to be done before the hospital can see patients. Those include changing the voltage system of some power outlets...

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2.3 - KDVR (FOX-31): [Aurora VA hospital on track for August opening, congressman says](#) (16 January, 662k uvm; Denver, CO)

— After years of delays and claims of gross mismanagement, the new Veterans Affairs medical center in Aurora is scheduled to open in August, Rep. Mike Coffman said on Tuesday. Coffman said that the Department of Veteran Affairs notified him that they plan to open the hospital on Aug. 11. A House hearing will take place on Wednesday in which the VA which will discuss the over-budget and delayed hospital.

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2.4 - New Hampshire Public Radio: [Manchester VA Reopens Women's Clinic Today](#) (16 January, Peter Biello, 151k uvm; Concord, NH)

The Manchester VA Medical Center is celebrating the reopening of its women's clinic today. A tour of the reconstructed space on the sixth floor will take place as part of the open house scheduled for 5:30 p.m. The reconstructed women's clinic will have its own waiting room and restroom.

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2.5 - Health Data Management: [VA uses IT to help post opioid prescribing rates for facilities](#) (16 January, Greg Slabodkin, 143k uvm; New York, NY)

The Department of Veterans Affairs is the first healthcare system in the country to post information on its opioid-prescribing rates, including dispensing rates for each VA facility displayed on an interactive map that shows data over a five-year period. The agency contends that by publicly releasing this data it will “facilitate the sharing of best practices in pain management and opioid prescribing among doctors and medical center directors.”

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3. [Modernize Our System](#)

3.1 - Politico: [DoD’s EHR Worries](#) (16 January, Mohana Ravindranath, 23.9M uvm; Washington, DC)

The Defense Department and Cerner are hitting the brakes on MHS Genesis, the Pentagon’s EHR system for eight weeks starting today. Amid complaints about various aspects of the rollout, they plan to assess the work so far and address more than 1,600 “open tickets” from the early users of the system at four Washington state medical clinics and hospitals.

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3.2 - FedScoop: [VA CIO: Expect another 10 years of VistA in facilities during new EHR rollout](#) (16 January, Billy Mitchell, 57k uvm; Washington, DC)

The Department of Veterans Affairs’ chief information officer wants to temper the excitement and expectations about the VA’s move to acquire a modern, commercial off-the-shelf electronic health records system to replace its current, decades-old technology. The legacy EHR known as VistA won’t be disappearing any time soon, CIO Scott Blackburn said Tuesday at the AFCEA Health IT Day.

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3.3 - MeriTalk: [Can DoD, VA Come Together on Health Records?](#) (16 January, 35k uvm; Alexandria, VA)

President Donald Trump last week issued an Executive Order on veterans’ health care that included an announcement that the Department of Veterans Affairs (VA) would adopt the same electronic records systems as the Department of Defense (DoD), signing off on what was already a done deal. Emphasis on “deal,” because although the departments are on board with a project that could cost \$10 billion over 10 years...

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4. [Focus Resources More Efficiently](#)

4.1 - Los Angeles Daily News (San Gabriel Valley Tribune): [Former Veterans Affairs worker from Whittier to plead guilty to taking bribes for covering up \\$11 million fraud scheme](#) (16 January, Chris Yee, 886k uvm; Woodland Hills, CA)

A Whittier man who worked for the U.S. Department of Veterans Affairs was charged Tuesday for lying about accepting hundreds of thousands of dollars in bribes from a parking lot operator as part of a scheme that defrauded the agency of about \$11 million, according to the U.S. Attorney's Office.

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4.2 - Government Executive: [It's Unclear Whether New Law and Push from Trump Have Increased VA Firings](#) (16 January, Eric Katz, 852k uvm; Washington, DC)

In June, President Trump said a new measure to ease the firing of employees at the Veterans Affairs Department that he was signing into law marked a “transformative change.” One year into his presidency, however, and six months after the enactment of the law, the administration that made firing more employees at VA a cornerstone of its veterans policy agenda has yet to fully realize Trump’s promise.

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4.3 - FedSmith: [50-Count Indictment Leads to Indefinite Suspension at VA](#) (16 January, Susan McGuire Smith, 276k uvm; Washington, DC)

This recent case illustrates how an agency can use the “crime exception” to expedite processing of an indefinite suspension in a situation where an employee is charged with criminal activity. (Henderson v Department Veterans Affairs (CAFC No. 2017-1071, 12/26/17)) The facts are taken from the appeals court decision sustaining the indefinite suspension.

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4.4 - WLUC (NBC-6): [American Legion leadership visits Iron Mountain V.A. Hospital](#) (16 January, David Jackson, 276k uvm; Negaunee, MI)

Leadership for the Michigan detachment of the American Legion is on a tour of U.P. Veterans Affairs facilities. Tuesday, January 16th 2018, they took a tour of the Oscar G. Johnson V.A. Medical Center. The American Legion was established by Congress in 1919, and now has more than 2.2 million members across 13,000 posts nationwide.

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4.5 - Charleston Regional Business Journal: [Fisher House opens in Charleston to support veterans, families](#) (16 January, Patrick Hoff, 45k uvm; Mount Pleasant, SC)

In 2012, Charleston-area couple Trux and Durbin Emerson were looking for a way to give back to their community, especially veterans who lived in the Lowcountry. The Emersons approached retired Maj. Gen. James Livingston, a Medal of Honor recipient and Charleston-area resident, for his thoughts on how they could give back. Livingston suggested the couple fundraise to build a Fisher House

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5. [Improve Timeliness of Service](#)

5.1 - International Business Times (Video): [Veteran Sues VA Department For Surgery That Left Scalpel In His Body](#) (16 January, Gayatghri Anuradha, 15.8M uvm; New York, NY)

A veteran filed a lawsuit against a Connecticut hospital claiming a scalpel was left in his body for four years after his surgery, reports said Monday. Faxon Law Group filed the lawsuit against the Department of Veterans Affairs on behalf of 61-year-old United States Army veteran Glenford Turner, who had his cancerous prostate removed in robot-assisted laparoscopic surgery at the VA Connecticut Healthcare System, West Haven Campus in 2013.

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5.2 - NPR: [Veteran Sues After Scalpel Found Inside His Body 4 Years After Surgery](#) (16 January, Merrit Kennedy, 21.9M uvm; Washington, DC)

Glenford Turner had surgery in 2013 at a Veterans Affairs hospital in Connecticut. Four years later, according to a new lawsuit, doctors discovered that a sharp metal surgical instrument had been accidentally left inside the Army veteran's body. "It's perplexing to me how they could be so incompetent that a scalpel that really should only be on the exterior of your body not only goes into the body but then is sewn into the body..."

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5.3 - Orlando Sentinel: [VA makes opioid prescribing rates public for first time](#) (16 January, Naseem S. Miller, 4.8M uvm; Orlando, FL)

The opioid prescription rates at the VA medical centers in Florida dropped by at least 25 percent between 2012 and 2017, according to a new interactive map posted online by the Department of Veterans Affairs. VA for the first time made the information public this month as part of its "efforts to be the most transparent agency in government," according to its website.

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5.4 - The Roanoke Times: [Local hospitals coping with IV bag shortage](#) (16 January, Luanne Rife, 1.5M uvm; Roanoke, VA)

Local hospitals are not immune to the IV bag shortage being experienced nationwide that began soon after Hurricane Maria knocked out power in Puerto Rico four months ago. "I've been with Carilion 11 years. Drug shortages have been going on the entire time. A lot of it takes place behind the scenes, and there is very little impact to the end user," Jason Hoffman, inpatient pharmacy director at Carilion Roanoke Memorial Hospital.

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5.5 - KFOR (NBC-4, Tribune Media Wire, Video): [Veteran says he found VA hospital scalpel in his abdomen after excruciating MRI](#) (16 January, Nadia Judith Enchassi, 1.5M uvm; Oklahoma City, OK)

An Army veteran is suing a Connecticut Veterans Affairs hospital after he said doctors found a scalpel that had been left in his body four years earlier. According to attorneys at the Faxon Law Group, Glenford Turner, 61, and a United States Army veteran from Bridgeport, was at the VA Connecticut Healthcare System, West Haven Campus, for a scheduled MRI after experiencing a recent episode of dizziness and long-term abdominal pains.

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5.6 - News 12 Connecticut (Video): [Bridgeport resident, army vet sues VA over scalpel left in body after surgery](#) (16 January, 959k uvm; Norwalk, CT)

An Army veteran who says someone left a scalpel inside him after surgery is suing a West Haven veteran's affairs hospital. Glenford Turner, of Bridgeport, says the scalpel was only discovered years later, after he suffered from long-term abdominal pain. Turner sued the VA in U.S. District Court last week, seeking unspecified compensatory damages.

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5.7 - WCSC (CBS-5): [Opioid prescriptions at Ralph H. Johnson VA decrease nearly 50 percent over 5 years](#) (16 January, Karina Bolster, 827k uvm; Charleston, SC)

The Ralph H. Johnson VA Medical Center has seen a nearly 50 percent decrease in the number of opioid prescriptions, according to new data released Monday. In an effort to be "the most transparent agency in government", the Department of Veteran Affairs released data pertaining to the number of opioid prescriptions dispensed at medical centers across the United States.

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5.8 - Becker's Hospital Review: [Tennessee VA hospital cuts opioid prescriptions by 49% since 2012](#) (16 January, Brian Zimmerman, 441k uvm; Glencoe, IL)

Johnson City, Tenn.-based Mountain Home Veterans Affairs Medical Center reduced opioid prescriptions by 49 percent from 2012 to 2017, according to federal data updated Monday. Over the five-year period, the number of patients prescribed opioids at the facility dropped from 19 percent in 2012 to 10 percent in 2017. The decrease represents one of the most substantial reductions in the Veterans Affairs health system, according to a report from WJHL.

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5.9 - Philadelphia Inquirer: [When the VA lies to Congress about medical marijuana, it lies to our wounded warriors](#) (16 January, John Hudak, 295k uvm; Philadelphia, PA)

In October, the Democratic members of the House Veterans Affairs Committee wrote a letter asking VA secretary David Shulkin why his department is not conducting research into medical marijuana. In the letter, ranking member Tim Walz (Minn.) and the other nine Democratic committee members note that in many states that have medical marijuana programs, cannabis is recommended for PTSD and/or chronic pain...

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5.10 - WEAU (NBC-13): [Veterans could receive reimbursement after emergency medical visits](#) (16 January, Abigail Hantke, 276k uvm; Eau Claire, WI)

Local veterans could see some money back to help pay their bills after an emergency medical visit at a non-VA facility. "They're not everywhere and emergencies can happen everywhere," said local veteran Michael Ludvik, who served in the Marines. Planning and emergencies do not go hand-in-hand. So making sure you're covered by your insurance during an emergency trip to the doctor, doesn't always work in your favor.

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5.11 - Task & Purpose: [VA Says It Will Not Study Effects Of Medical Marijuana On PTSD And Chronic Pain](#) (16 January, James Clark, 102k uvm; New York, NY)

The Department of Veterans Affairs will not conduct research into the effects of medical cannabis on post-traumatic stress disorder and chronic pain — some of the very ailments veteran patients rely on the drug to treat. In a Dec. 21 letter to Minnesota Democrat Rep. Tim

Walz, VA Secretary David Shulkin said that the department is unable to research medical cannabis due to federal restrictions.

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5.12 - HC+O News: [San Jose Veterans Affairs Clinic Brings Healing Oasis to Patients](#) (16 January, Roxanne Squires, 14k uvm; San Rafael, CA)

Interdisciplinary architecture and design firm Hoefer Wysocki Architecture, of Leawood, Kan., completed construction of a 95,000-square-foot, three-story facility for the Veterans Affairs (VA) outpatient clinic in San Jose this January. The \$40 million facility will now provide much-needed services for veterans and their families, with a new ultra-modern, sustainable design created to offer what is being dubbed as a “healing oasis” for patients at the San Jose clinic.

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6. [Suicide Prevention](#)

6.1 - Washington Times: [Analysis/opinion - Lowering the suicide rates of those who serve](#) (16 January, Jacy Gomez, 10.8M uvm; Washington, DC)

President Donald Trump last week signed an executive order which seeks to lower suicides rates among our nation’s veterans. The order, which would take effect in March, expands mental health services for transitioning veterans upon their return home to civilian life. Mr. Trump hailed the order as a “historic step to make sure that our incredible veterans are taken care of in a proper manner.”

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6.2 - WJHL (CBS-11, Video): [VA reps to discuss impact of opioid reduction on suicides during summit](#) (16 January, Nate Morabito, 623k uvm; Johnson City, TN)

Several Veterans Affairs representatives are expected to speak about the impact of opioid discontinuation on suicides during the National Prescription Drug Abuse and Heroin Summit in April. According to the summit’s agenda, those VA employees will discuss, among other things, Department of Veterans Affairs’ data that shows, “In two sets of fiscal years — 2010-2011 and 2013-2014...

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6.3 - Patient EngagementHIT: [Executive Order Calls to Aid Veteran Access to Mental Healthcare - The executive order calls on the DoD, VA, and DHS to create protocol that enable veteran access to mental healthcare within one year of exiting the services.](#) (16 January, Sara Heath, 21k uvm; Danvers, MA)

January 16, 2018 - President Trump has signed an executive order aimed at expanding veteran access to mental healthcare during transitions from military service to civilian life. The order, titled “Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life” requires the Departments of Defense, Veterans Affairs, and Homeland Security to create protocol that would ensure veterans receive mental healthcare for at least one year following leaving the uniformed services.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Washington Examiner: [Veterans seeking homeownership need protection](#) (17 January, Rob Posner, 4.8M uvm; Washington, DC)

As CEO of NewDay, I'm seeing a disturbing trend within our mortgage industry that hurts veterans through their Department of Veterans Affairs home loans — the very loans intended to reward these patriotic citizens for their service to our nation. Veterans with VA loans are being hurt by a few lenders offering to save them money on their monthly mortgage payments.

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7.2 - The Weekly Standard: [Fact Check: Did Trump End a VA Program for Homeless Vets?](#) (16 January, Holmes Lybrand, 2.1M uvm; Washington, DC)

An article published on December 6, 2017, claimed that Donald Trump's administration had cut a Veterans Affairs program for homeless veterans while the number of homeless veterans increased. "Trump ends homeless vets program as their numbers rise for first time in 7 years," the headline from Shareblue Media runs.

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8. Other

8.1 - The Hill: [A 2018 challenge to government animal experimenters: find your own funding](#) (16 January, Anthony Bellotti, 11.8M uvm; Washington, DC)

Right now, the VA doles out more than \$1,600 to purchase 6-month-old beagles, hounds or mixed-breed dogs. The white coats at the VA then spend hundreds of thousands of our tax dollars to surgically induce heart attacks by injecting latex into the puppies' arteries and then stressing their damaged hearts by forcing them to run on a treadmill. Congress members have noted that some of the experiments are placed in the government's "maximum pain" category because the dogs' pain and distress are left unrelieved.

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1. [Top Stories](#)

1.1 - Washington Post (Video): [VA says it won't study medical marijuana's effect on veterans](#) (16 January, Katie Zezima, 43.9M uvm; Washington, DC)

The Department of Veterans Affairs says it will not conduct research into whether medical marijuana could help veterans suffering from post-traumatic stress disorder and chronic pain, as veterans groups are pushing for the use of the drug as an alternative to opioids and anti-depressants.

In a letter to U.S. Rep. Tim Walz (D-Minn.), Department of Veterans Affairs Secretary David Shulkin said VA's ability to research medical marijuana is hampered by the fact that the drug is illegal federally. Shulkin's letter came in response to an inquiry by 10 Democrats on the House Veterans' Affairs Committee. The letter asks Shulkin to commit the VA to investigating whether medical marijuana can help veterans suffering from PTSD and chronic pain and identify barriers to doing so.

"VA is committed to researching and developing effective ways to help Veterans cope with post-traumatic stress disorder and chronic pain conditions," Shulkin wrote in a response to the members of Congress. "However, federal law restricts VA's ability to conduct research involving medical marijuana, or to refer veterans to such projects."

The response comes as at least 29 states, plus the District of Columbia, Guam and Puerto Rico, have legalized the use of medical marijuana in some form. Veterans groups, including the American Legion, have been pushing for the drug to be studied and used to help ease the effects of PTSD, chronic pain and other disorders.

"What America's veterans need prioritized right now is for cannabis to be treated as a health policy issue," said Nick Etten, founder and executive director of the Veterans Cannabis Project. "We're desperate for solutions for the conditions we're dealing with."

According to a 2017 VA review, about 15 percent of veterans treated at outpatient PTSD clinics reported using marijuana in the previous six months. According to an American Legion phone survey released in November, 22 percent of veteran household respondents said they used cannabis to treat a medical condition. Ninety-two percent of veteran households surveyed for the Legion said they support researching whether marijuana can effectively treat mental and physical conditions and 82 percent said they want to have medical cannabis as a legal treatment option.

Last month the Veterans Health Administration urged patients to discuss medical marijuana use with their doctors. The shift will allow doctors and patients to determine what, if any, effect marijuana use might have on treatment plans. Veterans were earlier concerned that admitting to marijuana use could jeopardize their benefits. But VA physicians still cannot refer patients to state medical marijuana programs because of the federal prohibition.

John Hudak, deputy director of the Center for Effective Public Management at the Brookings Institution, said even though marijuana is illegal federally, research on the drug is not prohibited.

“Obviously it is federally illegal, but there are no restrictions on doing scientific research on it. Universities do this all the time and there’s a process to go through,” he said, noting that the National Institute on Drug Abuse funds cannabis research. “It’s really a cop out for the VA to say, ‘oh, we’re not doing work on this because of federal law’ when actually federal law allows them to do that.”

Shulkin’s response was “disappointing and unacceptable,” Walz, the House committee’s ranking member, said in a statement.

“VA’s response not only failed to answer our simple question, but they made a disheartening attempt to mislead me, my colleagues and the veteran community in the process” by stating that the VA is restricted from conducting marijuana research. Walz, a veteran, said he plans to send another letter to Shulkin asking for further clarification.

A spokesman for Shulkin pointed to the secretary’s past comments on medical marijuana. Shulkin said in May, “My opinion is, is that some of the states that have put in appropriate controls, there may be some evidence that this is beginning to be helpful. And we’re interested in looking at that and learning from that. But until the time that federal law changes, we are not able ... to prescribe medical marijuana for conditions that may be helpful.”

Shulkin said VA is offering a suite of alternative treatments for patients with PTSD, including yoga, meditation, acupuncture and hypnosis. The letter also said VA has a program to reduce the amount of opioids prescribed to patients with chronic pain; since 2013, Shulkin wrote, 33 percent fewer patients were receiving opioids.

There has not been much research into marijuana for medical purposes, in large part because of regulatory hurdles and the fact that marijuana is classified as a Schedule 1 drug along with substances including heroin. Until 2016, only researchers at the University of Mississippi were allowed to grow marijuana for scientific use; the DEA relaxed the rules and let other institutions apply to do so, though none have yet been approved.

President Trump said during the campaign that he supports making medical marijuana available to the very sick. His attorney general, Jeff Sessions, is a staunch opponent of marijuana. Sessions this month made it easier for prosecutors to enforce federal law in states that legalized marijuana. Eight states and the District allow the recreational use of marijuana.

Shulkin cited a VA analysis of existing research, which found “insufficient evidence” that medical marijuana helps patients with chronic pain or PTSD and could increase harm in some areas, including car crashes. A study by the National Academies of Sciences, Engineering and Medicine that reviewed studies on the health effects of marijuana and associated products found they can provide a “significant reduction in pain symptoms” for chronic-pain patients. But many say there has been a paucity of research.

“There has been no meaningful clinical research conducted on PTSD and brain injuries,” Etten said.

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1.2 - Washington Post: [An Army vet found a scalpel in his gut 4 years after VA hospital surgery](#) (16 January, Derek Hawkins, 43.9M uvm; Washington, DC)

When Glenford Turner had a dizzy spell in March of last year, he went to the Veterans Affairs hospital in West Haven, Conn., to see what was wrong. Doctors ordered an MRI of the 61-year old Army veteran's head. But the real answer, it turned out, was in his gut.

According to a federal lawsuit he filed last week in U.S. District Court, Turner was halfway through an examination when a wave of severe abdominal pain hit him. The procedure was stopped, and doctors took a closer look.

An X-ray image of his midsection showed, to quote the lawsuit, "an abandoned surgical instrument in plaintiff's body."

In other words, a scalpel — the same scalpel, Turner and his attorney allege, that was used in prostate surgery he underwent at the same hospital four years earlier.

Turner's lawsuit accuses the U.S. Department of Veterans Affairs of negligence and seeks unspecified compensatory damages for the allegedly botched operation.

The case drew the attention of Sen. Richard Blumenthal (D-Conn.), who said he was appalled by the "egregious medical malpractice case."

"While the court determines liability, I have asked for a detailed explanation from VA of this deeply troubling report," Blumenthal said in a statement Monday. "I am demanding also full accountability so this kind of horrific negligence never happens again. America owes our veterans the world's best medical care, nothing less."

A Veterans Affairs spokesperson told the Associated Press that the department doesn't typically comment on pending litigation.

Veterans Affairs hospitals around the country have long come under fire for unsanitary conditions, staffing shortages and other lapses in patient care. In 2014, Eric K. Shinseki resigned as secretary after the department's internal watchdog issued a report finding that employees throughout the VA health-care system conspired to hide months-long wait times. Claims of poorly trained staff, asbestos contamination, absentee nurses and other issues were more recently outlined in a September Boston Globe report that described how employee whistleblowers were turning against the department in record numbers.

Across the U.S. health-care system as a whole, "retained surgical bodies" — the scientific term for surgeons leaving things in patients' bodies — is more common than you might think. The National Institutes of Health estimates that surgeons and their assistants sew their patients up without retrieving their tools about 1,500 times per year. But a 2013 USA Today review of government data, academic studies and legal records found the figure was more likely between 4,500 and 6,000 times per year.

Metal instruments occasionally get left behind, but most of the time, doctors find sponges and wipes, which are more dangerous because they can cause life-threatening infections.

Retained surgical bodies "occur due to a lack of organization and communication between surgical staff during the process," NIH wrote in a February 2017 report. "During surgery, systems are in place to create a safe environment for the patient while the surgeon works with sponges and instruments; however, they are not impervious to human error."

In one case highlighted by NIH in 2014, a 36-year-old woman excreted part of a surgical forceps in her stool three years after surgeons removed a cyst in her liver. The remainder of the device was found in her abdomen and removed.

Turner says he received robotic-assisted prostate cancer treatment at VA Connecticut Healthcare System in West Haven, Conn., in August 2013. He complained of long-term abdominal pain afterward, his lawyer said in a statement, that became significantly worse the day of his hospital visit last year.

For reasons not made clear in court papers, doctors didn't remove the scalpel until a nearly a month after they discovered it. Following the operation, the lawsuit says, VA Connecticut Healthcare officials admitted fault.

"Plaintiff did not discover, and in the exercise of reasonable care could not have discovered, that the abandoned surgical instrument had been left in his body by the defendant's agents, apparent agents, contractors and/or employees," the lawsuit reads.

Turner filed an administrative claim over the alleged error in June 2017, but the VA's lawyers never responded beyond saying they had received the claim, according to the lawsuit.

Turner's wife, Colleen Jacks-Turner has an allegation in the case as well. As a result of the hospital's negligence, she says, she lost her husband's "company, society, services and affections."

"Mr. Turner served our country proudly for decades," Turner's attorney, Joel Faxon, said in a statement. "It is shocking that in return for that service the VA thanked him by deploying a rookie surgical trainee to perform the surgery who showed an incomprehensible level of incompetence by losing the scalpel in Mr. Turner's abdomen and not bothering to find it."

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1.3 - Denver Post: [VA hospital in Aurora gets August 11 opening date as thorny congressional hearing looms Wednesday - Veterans Affairs panel expected to raise concerns about unfinished tasks and projected lack of staffing The Post reported last week](#) (16 January, Mark K. Matthews, 4.8M uvm; Denver, CO)

WASHINGTON — After years of delays, the U.S. Department of Veterans Affairs plans to open a new hospital in Aurora on Aug. 11 — although Tuesday's announcement is unlikely to spare the agency from criticism when several of its top officials appear Wednesday before Congress to talk about the troubled project.

The unfinished hospital already is long overdue and \$1 billion over budget, and, according to documents obtained last week by The Denver Post, there's plenty of work left to do before it can treat patients.

Hundreds of tasks remain unfinished — such as replacing weak walls that can't hold mounted X-ray machines — and it's unlikely the VA will be able to hire enough workers to fully staff the hospital when it opens, which could cause a reduction in services.

The U.S. House Committee on Veterans' Affairs is expected to raise these issues Wednesday at 8 a.m. Mountain time when it meets with several top VA leaders, including Stella Fiotes, one of its top construction officials.

"For tomorrow's oversight hearing, I will be prepared to ask the tough questions in order to get to the bottom of what remains a plagued hospital construction project," Republican U.S. Rep. Mike Coffman of Aurora, who sits on the committee, said in a statement.

On Tuesday, Coffman wrote on Twitter that he "just got notification" from the VA about the Aug. 11 opening.

Testimony that Fiotes plans to give Wednesday also makes mention of an August opening.

The project's expected price tag will be \$1.7 billion for construction and about \$340 million to outfit the facility with furniture and medical equipment.

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1.4 - Hartford Courant: [Surgeon Admitted Scalpel Left Inside Veteran, Lawsuit Says](#) (16 January, Jesse Leavenworth, 2.1M uvm; Hartford, CT)

Before his prostate surgery in 2013, a U.S. Army veteran acknowledged the risks of going under the knife, his lawsuit against the federal government says.

But Glenford Turner of Bridgeport did not count on leaving the West Haven Veterans Affairs Hospital with a five-inch-long scalpel in his gut, according to the suit against the U.S. Department of Veterans Affairs.

U.S. Sen. Richard Blumenthal on Tuesday demanded answers from VA leaders "for allegations of appalling medical malpractice." Pamela Redmond, a spokeswoman for VA Connecticut Healthcare, said the agency would not comment on pending litigation.

An unnamed urologist who reviewed Turner's records wrote in an opinion attached to the lawsuit that "a fifth-year urology trainee," Dr. Jaimin Shah, performed the radical prostatectomy and was supervised by Dr. Preston Sprenkle.

The unwanted hardware was discovered last March, and Turner, 61, had successful surgery to remove it on April 26. The pelvic pain he had suffered for four years vanished after that, the suit says.

After the scalpel was removed, Sprenkle called Turner "and confirmed and acknowledged that VA Connecticut Healthcare was at fault for leaving a foreign object" in Turner's body, the urologist wrote in the opinion. Turner was quoted as saying in an affidavit, "Dr. Sprenkle explained that he believed the scalpel knife was used to hold open an incision and was mistakenly left inside me."

Turner's attorney, Joel Faxon of New Haven, described the incident as "an incomprehensible level of incompetence." Seeking unspecified compensatory damages, the suit claims Turner suffered pain, additional surgery, hospitalization, prolonged rehabilitation, medical expenses and lost work time.

Blumenthal, a member of the Senate Committee on Veterans' Affairs, wrote letters on Tuesday to VA Secretary David Shulkin and VA Inspector General Michael Missal, seeking an investigation into Turner's case and a review of federal policies.

"The complaint in this case indicates that the doctor admitted responsibility to the veteran and that a tort claim was filed, but that the VA never responded to such a filing," Blumenthal wrote to Shulkin.

"If the doctor's admission is true and the VA did not take steps to resolve the claim, then the agency has compounded the medical negligence," the senator wrote.

Turner is among a relatively few patients across the nation who are sewn up with sponges, needles, small towels, instrument fragments and entire instruments mistakenly left inside them. "Retained surgical items" occur in as many as one in every 5,500 operations, according to a 2014 study published in the Journal of the American College of Surgeons.

"The adverse outcomes, additional medical care needed, and medico-legal costs associated with these events are substantial," the study (<http://bit.ly/2mLafKX>) says.

A study of 100 health care organizations from 2011-12 found 428 incidents of items mistakenly left inside patients, including 128 sponges, 43 needles, 171 instrument fragments, 77 whole instruments and 9 towels.

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1.5 - Stars and Stripes: [Harsh response to Shulkin's decision that VA won't study medical marijuana for PTSD](#) (16 January, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — Despite pleas from congressmen, veterans and the country's largest veterans service organization asking for research into medical marijuana, the Department of Veterans Affairs won't initiate a study into the drug's effects on post-traumatic stress disorder, VA Secretary David Shulkin wrote in a letter to House Democrats.

The letter, dated Dec. 21 and publicly released Tuesday, was written in response to a request in October from Democrats on the House Committee on Veterans' Affairs for the VA to initiate research into the efficacy of medical cannabis. In their request, the Democrats cited the country's opioid crisis and the growing demand from veterans and major service groups that want cannabis available as a treatment option for chronic pain and PTSD.

"VA is committed to research and developing effective ways to help veterans cope with post-traumatic stress disorder and chronic pain conditions," Shulkin wrote. "However, federal law restricts VA's ability to conduct research involving medical marijuana, or to refer veterans to such research projects."

The letter states that a VA review last year of existing research found a connection between marijuana use and increased odds of suicide, as well as increased evidence of mania and psychotic symptoms. It calls attention to the VA's efforts to reduce opioid prescriptions, and the letter lists alternatives available to veterans through the VA, including yoga, acupuncture, massage therapy and tai chi.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House VA oversight committee, who signed the October letter, on Tuesday called Shulkin's response "disappointing and unacceptable" and an attempt to mislead the veterans community.

Walz and other Democrats fired back a request Tuesday for Shulkin to explain the specific barriers preventing the VA from researching marijuana. They asked for an explanation by Feb. 1.

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1.6 - Stars and Stripes: [Beleaguered Colorado VA hospital sees staffing, design challenges before 2018 opening](#) (16 January, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — Hundreds of tasks need to be completed and hundreds of job openings filled before the new, overbudget and over-deadline Veterans Affairs hospital near Denver — scheduled to open this summer — begins accepting patients.

Even when the hospital opens its doors, the old Denver VA and other off-site facilities will remain in use indefinitely because of design flaws at the new campus, located in Aurora, Colo.

These findings were detailed in a House Committee on Veterans' Affairs document obtained by Stars and Stripes on Tuesday and first reported on by The Denver Post. The document states that costs associated with the new hospital — which climbed more than \$1 billion overbudget — are not likely to escalate further, but there are other challenges the VA must face before opening the new campus.

"It's a gorgeous facility, but it's odd. It's strange. I told them, 'You're going to have a tough job with this,'" said Rep. Phil Roe, R-Tenn., chairman of the House VA committee. "But they're ready to get in there, and I feel confident they'll make it work."

Roe, a former OB-GYN, and other committee members toured the old Denver VA and the under-construction hospital, recently named the Rocky Mountain Regional Medical Center, last week. They found some things that seemed impractical, such as a too-small emergency room and a layout that obviously wasn't created with input from medical professionals, Roe said.

The committee will hold an oversight hearing on the issue Wednesday morning, with testimony from Stella Fiotes, acting principal executive director of VA acquisition, logistics and construction.

Former Rep. Jeff Miller, R-Fl., the previous chairman of the House VA committee, called on the VA in 2016 to fire Fiotes because of her involvement with the project. Government watchdogs have found that leaders behind the planned hospital agreed to a grandiose design and ignored repeated, early warnings about costs, driving the project into financial failure. An inspector general report didn't specifically say Fiotes was involved.

'Dauntingly large' hospital doesn't provide enough space

The Rocky Mountain VA has taken 20 years to develop. Construction costs were estimated in 2009 at about \$538 million, with a target completion date of 2013. Latest estimates put the total cost at \$1.7 billion, plus another \$338 million for final work before the hospital opens.

That work involves 375 tasks, the document states, including installing fixtures and HVAC systems and configuring medical equipment. Workers must also fix mistakes with the facility, such as replacing walls in dental exam rooms that aren't strong enough to support wall-mounted X-rays, and replacing plate glass windows in pharmacies that don't allow employees to talk or pass items to patients.

Large-scale design problems mean the campus – at 1.21 million square feet – isn't creating more useable clinical space when compared to the old, 600,000 square-foot Denver hospital. There's more inpatient room at the new hospital – which the document describes as “dauntingly large” -- but less space for primary care and outpatient services. The number of primary care rooms will decrease from 60 at the existing hospital to 34 at the new one.

Roe said the decrease in inpatient beds may not be as significant of a problem as it seems because health care systems countrywide are pushing more medical procedures into outpatient settings.

The layout could become an issue, though, he said. For example, Roe continued, inpatient services are located approximately 1,000 feet away from where X-rays are provided.

“I think one of the problems was, the architects and leadership didn't involve the clinical people – the maintenance people, environmental services, nurses, physicians,” Roe said. “They should've been involved from day one. But that's water over the dam now.”

Roe said it was a possibility the VA would have to lease community-based outpatient clinics in the Denver area in the near future.

VA researchers and a prosthetics lab will remain at leased, off-site facilities, and a PTSD Residential Rehabilitation Facility and seven patient-aligned care teams will remain at the old Denver hospital for at least three years, the document states.

A new PTSD building was part of initial plans for the new Rocky Mountain campus but eliminated when costs soared. A proposal is stalled in Congress for a PTSD facility to be added back into the project.

Maintaining services at the old VA will increase costs because of duplicate staffs for food, security and administration. The old hospital needs \$350 million in improvements, and if the facility is still in use by 2023 those costs will have to be incurred, according to the document.

Hundreds of staff positions remain unfilled

The construction contract on the Rocky Mountain VA ends Jan. 23, at which point the VA will award another contract for design corrections, renovations and final completion. That work is estimated to be done in June, and then IT systems can be turned on, staff trained and patients moved.

Roe said the agency is aiming for an August completion.

Before then, the VA must hire 421 total new employees, the committee document states. It's already hired 199 and has 222 positions remaining. If the VA doesn't fill the jobs, the opening won't be delayed, but it open unable to provide all services the agency said it would offer.

The existing VA campus in Denver was already facing hiring challenges, and local VA staff are pessimistic about filling new jobs, according to the document. Of the 2,787 positions at the existing VA, 653 are vacant, including 77 mental health professionals.

Roe said it would be a challenge – but it's not one unique to Denver.

As of the end of June, the VA reported 34,000 job vacancies system-wide, and VA Secretary David Shulkin has said hiring mental health care professionals to meet demand is particularly challenging. The agency set a goal to hire 1,000 mental health care workers in 2017. The VA hired 900 last year, but lost 945.

"They'll soldier on, and they'll try to make this work for patients," Roe said.

Roe found positive aspects of the campus – patient rooms are spacious, surgical rooms are state-of-the-art, and the spinal cord injury center will be first-rate, he said.

But it could take some getting used to.

"It's a huge building, and if a veteran is just showing up for the first time, they're going to be scratching your head about, 'Where do I go?'" he said

"There are problems that need to be addressed yet."

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2. [Greater Choice for Veterans](#)

2.1 - KCNC (CBS-4, Video): [VA Hospital In Aurora To Open In August](#) (16 January, 26.4M uvm; Denver, CO)

The Department of Veterans Affairs says the VA Hospital in Aurora will open in August.

Congressman Mike Coffman, a Republican representing Aurora, tweeted an update on the hospital's progress.

The construction of the hospital has gone through its share of troubles, including being more than being \$1 billion over budget and a delayed opening.

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2.2 - KMGH (ABC-7, Video): [Aurora VA gets opening date as more problems revealed - VA hearing on hospital set for Wednesday](#) (16 January, Jason Gruenauer, 2.1M uvm; Denver, CO)

AURORA, Colo. -- The long-awaited and over-budget Veterans Affairs hospital in Aurora now has an opening date of Aug. 11, 2018. But there is much that needs to be done or redone before August arrives.

Congressional documents, obtained by The Denver Post, reveal nearly 375 fixes that still need to be done before the hospital can see patients. Those include changing the voltage system of some power outlets, removing sharp fixtures in the psych portion of the hospital that could pose a suicide risk, fixing sealed windows that block interaction at pharmacies, and replacing cabinets that can't be properly cleaned or disinfected.

"I'm concerned about that," Rep. Mike Coffman, R-Colo., told Denver7. "I'm going to be chasing down what the cost of doing that is, and if any of that is excessive."

The VA sent Denver7 a statement which read, in part: "Eastern Colorado Health Care System leadership continues to work closely with its project partners to resolve issues as they arise."

"Every time I think I know the everything, the VA has fessed up and we're moving forward, something blows up," Coffman said.

Both sides will get a chance to face off when Coffman and members of the House Veterans Affairs Committee question hospital leadership at a hearing in Washington, D.C. on Wednesday. The VA sent Denver7 an advanced copy of their opening statement to the committee, where staffers are expected to report a 98-percent completion of the facility, with all but one structure ready to be opened.

This list of to-dos and re-dos comes atop the revelation that the new hospital won't have enough patient exam rooms to match the old hospital, and that the Denver location will have to remain open for 3-5 additional years.

Coffman called that a "cover-up" of a "major design flaw" that is going to "drive costs."

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2.3 - KDVR (FOX-31): [Aurora VA hospital on track for August opening, congressman says](#)
(16 January, 662k uvm; Denver, CO)

AURORA, Colo. — After years of delays and claims of gross mismanagement, the new Veterans Affairs medical center in Aurora is scheduled to open in August, Rep. Mike Coffman said on Tuesday.

Coffman said that the Department of Veteran Affairs notified him that they plan to open the hospital on Aug. 11.

A House hearing will take place on Wednesday in which the VA will discuss the over-budget and delayed hospital. Coffman is expected to be a vocal participant in the hearing.

The total cost of the hospital will be around \$2 billion, according to a congressman Phil Roe.

“We are going to look back at the entire process where it is and how it got to what it is. This was a hospital that first came online at \$600 million. It looks like it is going to be north of \$2 billion,” Roe said.

The hospital will likely open incomplete and understaffed. The complex features 12 buildings covering 1.2 million square feet of space.

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2.4 - New Hampshire Public Radio: [Manchester VA Reopens Women's Clinic Today](#) (16 January, Peter Biello, 151k uvm; Concord, NH)

The Manchester VA Medical Center is celebrating the reopening of its women's clinic today.

A tour of the reconstructed space on the sixth floor will take place as part of the open house scheduled for 5:30 p.m.

The reconstructed women's clinic will have its own waiting room and restroom.

It has been closed since July, when a pipe burst and flooded it and several floors below. Interim Manchester VA Medical Center Director Al Montoya says about 85 percent of the space that was flooded has since been reopened.

Some areas of the VA, including the post-anesthesia care unit, and the operating room on the fourth floor, aren't scheduled to re-open until April. The Manchester VA's new pharmacy and phlebotomy space are expected to be completed by this spring.

Construction of a new women's clinic on the first floor is scheduled for fiscal year 2019.

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2.5 - Health Data Management: [VA uses IT to help post opioid prescribing rates for facilities](#) (16 January, Greg Slabodkin, 143k uvm; New York, NY)

The Department of Veterans Affairs is the first healthcare system in the country to post information on its opioid-prescribing rates, including dispensing rates for each VA facility displayed on an interactive map that shows data over a five-year period.

The agency contends that by publicly releasing this data it will “facilitate the sharing of best practices in pain management and opioid prescribing among doctors and medical center directors.”

VA's Digital Media Engagement team led the effort to develop the interactive map using CARTO, a cloud-based geographic information system and web mapping tool. Working with the agency's Office of Information Technology, the map and data are hosted on the VA open data portal.

According to VA Secretary David Shulkin, MD, posting information publicly on opioids dispensed from the VA's pharmacies is a critical component of the agency's efforts at transparency and to prescribe these pain medications appropriately and safely.

"Many veterans enrolled in the VA healthcare system suffer from high rates of chronic pain, and the prescribing of opioids may be necessary medically," said Shulkin in a statement. "And while VA offers other pain management options to reduce the need for opioids, it is important that we are transparent on how we prescribe opioids, so veterans and the public can see what we are doing in our facilities and the progress we have made over time."

The VA interactive map shows data over a five-year period (2012 to 2017). Overall, 99 percent of the VA's facilities have decreased opioid-prescribing rates since 2012, with a 41 percent drop in rates across the agency between 2012 and 2017.

In addition, regional comparison categories were generated using publicly available data from the Centers for Medicare and Medicaid Services, which reports opioid prescribing rates by state calculated by dividing the number of Medicare Part D claims for opioid medications by the total number of prescription claims.

Nonetheless, the VA also points out that "it is important to note that because the needs and conditions of veterans may be different at each facility, the rates of the use of opioids may also be different for that reason, and cannot be compared directly."

According to the agency, the prescribing rate information will be updated semi-annually—January 15 and July 15 of each year.

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3. Modernize Our System

3.1 - Politico: [DoD's EHR Worries](#) (16 January, Mohana Ravindranath, 23.9M uvm; Washington, DC)

MOUNTING CONCERNS ABOUT VA'S EHR CONTRACT The Defense Department and Cerner are hitting the brakes on MHS Genesis, the Pentagon's EHR system for eight weeks starting today. Amid complaints about various aspects of the rollout, they plan to assess the work so far and address more than 1,600 "open tickets" from the early users of the system at four Washington state medical clinics and hospitals.

Several doctors and IT experts familiar with the rollout say that doctors using the system are unhappy about the workflows. They have reported problems in everything from prescribing to referrals to lab report requests. A spokesman for the project admits that the rollout could have been better but says the pause will enable MHS Genesis to get back on track. If an independent assessment clears the initial work by the fall, the work will go forward at other military installations, starting in San Diego.

After visiting Fairchild Air Force Base, the first place where the Cerner system went live, last February, Rep. Phil Roe came away underwhelmed. The chairman of the House Veterans

Affairs Committee tells POLITICO that he's glad VA Secretary David Shulkin delayed the EHR contract with Cerner, which is supposed to piggyback on the DoD's implementation.

A senior Navy doctor tells POLITICO that the DOD's Cerner system workflow was developed without enough input from clinicians who were actually going to be using it. "They took the flows they'd designed for Intermountain Healthcare, put them into rigid constructs and said, 'This is what you're going to use.' The full story for Pros [here](#).

In other VA news...

—The Department is also trying to step up its fraud and medical claims abuse detection, and an advisory commission established specifically to address it meets this week in Washington. According to a request for information posted last week, the agency is looking for information about software that can identify and eliminate instances of medical claims fraud. The VA has long struggled to crack down on claims fraud, and last year Shulkin started a new internal program focused on that goal. The VA is also partnering with CMS to use data and analytics tools to identify and prevent fraud, waste and abuse, a VA spokesperson tells POLITICO. More for Pros [here](#).

—A watchdog has dinged the VA for its security policies at health facilities, many of which have been targets of violence and threats. A recent Government Accountability Office report finds that the VA's risk management program is inconsistent at the 170 Veterans Health Administration medical centers. GAO concluded that each VA site had its own security strategy, and lacked department-wide oversight.

SENATE CONTINUES AZAR REVIEW The Senate Finance Committee plans to review Alex Azar's nomination to lead the Health and Human Services Department in an executive session Wednesday. Azar, formerly an executive at pharmaceutical company Eli Lilly, has faced criticism from Democrats who point out that drug prices rose during his tenure. More for Pros [here](#).

MEDPAC ENDORSES TELEMEDICINE REPORT MedPac commissioners have voted unanimously to expand Medicare's telehealth reimbursement. In a meeting last week, commissioners presented a report, mandated by the 21st Century Cures Act, designed to update Congress on telemedicine and the ways it can be reimbursed.

The report notes that telemedicine use is increasing but suggests going slow on reimbursement. One commissioner, Brian DeBusk of DeRoyal Industries, worried that the report was too vague to give lawmakers proper guidance.

The commissioners singled out telestroke for praise, noting that experts consulted off-site can provide rapid life-saving advice for stroke victims. More for Pros [here](#).

CONGRESSIONAL BROADBAND ACTION COULD ADDRESS TELEMEDICINE A House committee is planning a hearing about broadband this month, and last week Rep. Marsha Blackburn said she would have several bills ready to go this week related to internet connectivity. Rep. Blackburn and Rep. Greg Walden have emphasized the importance of telemedicine in rural America, and the necessity of broadband to support it. A spokesperson for the Energy and Commerce Committee said telemedicine will be a focus of the committee's conversations about broadband, but did not share details about the timeline for those discussions.

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3.2 - FedScoop: [VA CIO: Expect another 10 years of VistA in facilities during new EHR rollout](#) (16 January, Billy Mitchell, 57k uvm; Washington, DC)

The Department of Veterans Affairs' chief information officer wants to temper the excitement and expectations about the VA's move to acquire a modern, commercial off-the-shelf electronic health records system to replace its current, decades-old technology.

The legacy EHR known as VistA won't be disappearing any time soon, CIO Scott Blackburn said Tuesday at the AFCEA Health IT Day.

As the VA rolls out its modernized Cerner-based EHR over the course of 10 years, the department will have to continue to support and invest in its plagued Veterans Information Systems and Technology Architecture, Blackburn said. The department announced its plan last June to buy a Cerner system based on its interoperability with the Defense Department's own new Cerner-based system.

With a primary focus on cultivating interoperability between its EHR and DOD's, the VA announced late in 2017 that its rollout of the new EHR will follow the path of the system known as MHS GENESIS, which reached initial operating capacity at its first location in the Pacific Northwest region in February 2017. That means, Blackburn explained, that facilities at the other end of the country won't receive the new EHR for quite a while. And those with the modern system will still need to support VistA to continue sharing veterans' records across the country, he said.

"The Cerner implementation will take about a decade. If it's starting in the northwest quadrant of the country and moving east, those on the Eastern Seaboard are going to be using VistA for about 10 years [more] or so," he said.

Even though many on Capitol Hill are excited to say goodbye to the VA's legacy EHR, which has struggled to reach the level of interoperability with the Pentagon lawmakers demanded, "We can't starve VistA for the next decade," Blackburn said. "That's not fair to the people in Miami and the Eastern Seaboard who are going to be using that."

"We're going to have to make some very strategic, targeted investments to maintain the state-of-the-art nature of VistA, things like scheduling systems, whatever that might be, to keep that going," he said.

Carolyn Clancy, the head of the Veterans Health Administration, agreed that the VA will need to continue to prioritize VistA investment in "anything that keeps patient care and the flow of that information moving." But likewise, the department will need to continue to support VistA for educational and research purposes, as VA is a medical leader in both of those fields.

It leaves the VA with the classic bimodal IT conundrum — supporting the outgoing system until the new one reaches necessary capacity. It will require the VA to "maintain focus" and aspire to "continuous improvement as we learn lessons up in the Pacific Northwest," Blackburn said.

“Maintaining two large systems for 10 years is going to be a challenge,” he said.

But it’s the kind of challenge Blackburn is up for. He’s a military veteran for whom modernizing the VA is a personal matter, and he said he’s more of a “turnaround and transformation type of guy” than an IT professional. He took the VA CIO role to lead exactly this type of meaningful change, he said, focusing more on things like customer service and organizational transformation than the internal plumbing of systems and new technology.

Blackburn also faces the uphill battle of training VA doctors — who are used to VistA and in his estimation enjoy using it — for the change.

“Our doctors love VistA. It’s user-friendly, they’re used to it,” he said. “This is one of the things where we need to be very careful, where if we just throw the Cerner system on, don’t give them a little bit of time, don’t give them an opportunity to provide feedback and design it themselves, then it will go very wrong.”

So, VA is tapping “an awful lot of” clinicians to provide feedback in the early stages to help better tailor the Cerner platform to their needs and wishes.

“We’re going to spend a lot of time, a lot of effort on that change management aspect of it so we take the best elements out of VistA, the best experiences that we possibly can, and infuse those into the Cerner system,” Blackburn said.

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3.3 - MeriTalk: [Can DoD, VA Come Together on Health Records?](#) (16 January, 35k uvm; Alexandria, VA)

President Donald Trump last week issued an Executive Order on veterans’ health care that included an announcement that the Department of Veterans Affairs (VA) would adopt the same electronic records systems as the Department of Defense (DoD), signing off on what was already a done deal. Emphasis on “deal,” because although the departments are on board with a project that could cost \$10 billion over 10 years, history raises doubts as to whether a unified health records system can actually be achieved.

Trump’s order focuses on veterans’ transition from military to civilian life, promoting initiatives such as telemedicine, job training, and mental health services, along with the adoption of a single Electronic Health Records (EHR). The EO states the EHR will “result in all patient data residing in one common system enabling the immediate availability of service member’s medical records and seamless care between the departments.” DoD and VA’s long, convoluted, and expensive experience with EHR programs, however, has not been promising.

Efforts to develop a unified health record date back to 1998, when DoD and VA set out to fulfill an idea that on the surface may have seemed simple—create a single, interoperable health record that would stay with service members and their families from the service member’s entry into the military through their return to civilian life and subsequent lifespans. In all, three different initiatives since 2001 have failed to deliver. In one stretch starting in 2008, the two departments spent \$1 billion over four years on a system only to abandon it in 2013 after deciding that

upgrading their separate systems was more practical than attempting to create a unified, interoperable EHR.

Then in June, after years of trying to upgrade its Veterans Health Information Systems and Technology Architecture (VistA) health care and EHR system, VA reversed course again, saying it didn't have the software development chops for the job. "Our current VistA system is in need of major modernization to keep pace with the improvements in health information technology and cybersecurity, and software development is not a core competency of VA," department Secretary David Shulkin said during a press conference announcing the decision.

VA had made some progress, but still saw itself coming up short in what has proved to be a difficult modernization project that involves a host of other related health care systems—for example, DoD's system involves hundreds of thousands of physicians, 10 million beneficiaries, a mix of operation systems and other software, and, increasingly, medical devices connected to the Internet of Things. "While we have established interoperability between VA and DoD for key aspects of the health record...the bottom line is we still don't have the ability to trade information seamlessly for our veteran patients," Shulkin said at the time. "Without improvements, VA and DoD will continue to face significant challenges if the departments remain on two different systems."

The Government Accountability Office didn't see it as time or money well spent, saying in a December 2017 report that VA had likely wasted \$1.1 billion on contracts with 138 vendors between 2011 and 2016 trying to modernize VistA.

VA will award a contract to Cerner to adopt the same system being used by DoD, which Cerner is deploying as part of a \$4.3 billion contract. VA has said the modernization could take up to 10 years, with an ultimate price tag that reportedly could run to \$10 billion. But that could be a relative bargain. At a congressional hearing in December, VA Acting CIO Scott Blackburn said upgrading VistA would cost a lot more. "VA would have to spend roughly \$19 billion over 10 years to upgrade and maintain VistA to industry standards, and this still would not provide all the needed enhancements and upgrades as well as interoperability with DoD," he said.

DoD and VA are once again pursuing a unified EHR. Trump applauded the decision announced in June, saying, "No more complications. The records will now be able to follow the veteran when they leave service—meaning faster, better, and far better quality care." But whether this massive project can achieve the desired results remains to be seen.

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4. Focus Resources More Efficiently

4.1 - Los Angeles Daily News (San Gabriel Valley Tribune): [Former Veterans Affairs worker from Whittier to plead guilty to taking bribes for covering up \\$11 million fraud scheme](#) (16 January, Chris Yee, 886k uvm; Woodland Hills, CA)

A Whittier man who worked for the U.S. Department of Veterans Affairs was charged Tuesday for lying about accepting hundreds of thousands of dollars in bribes from a parking lot operator as part of a scheme that defrauded the agency of about \$11 million, according to the U.S. Attorney's Office.

Ralph Tillman, a 58-year-old contract officer for the VA, agreed to plead guilty to two felony charges — filing a false federal tax return and lying to investigators about accepting bribes — after admitting to taking more than \$286,250 in bribes over 14 years from the owner of Westside Services LLC.

The company ran parking lots for care centers within the VA Greater Los Angeles Healthcare System. Richard Scott, the company's 58-year-old owner, was charged in December with conspiracy and major fraud against the United States, among other offenses, according to the statement from the attorney's office.

Scott pleaded not guilty to the charges last month. He is set to go on trial in U.S. Central District Court Feb. 6.

Tillman was responsible for managing contracts with "sharing partners" like Westside Services. In his plea agreement, Tillman admitted that he approached Scott in late 2003 and solicited a bribe to pay for a family matter.

Between one and two years later, Scott began making monthly cash payments to Tillman, with Scott personally delivering the bribes in sealed FedEx envelopes, according to the plea agreement. In return for the bribes, Tillman did not scrutinize annual statements from Westside Services that contained inaccurately reported revenues and expenses, according to the plea agreement.

Tillman admitted that he knew Scott was defrauding the VA out of millions of dollars and that he approved a contract extension with Westside Services in 2011 to continue the fraud and bribery scheme.

Tillman resigned as a VA contract officer in 2014 after being confronted by the VA's Office of Inspector General. At the time, Tillman denied accepting money or anything of value from Scott.

Tillman accepted the bribes from Scott between 2003 and 2017. Tillman continued to receive money after his retirement as "hush money," according to the plea agreement.

Tillman is set to appear in U.S. Central District Court for arraignment on Jan. 31. Once he pleads guilty, he will face a maximum sentence of eight years in federal prison, according to the U.S. Attorney's Office statement.

The VA terminated its contract with Westside Services in early 2017, but Scott's company was allowed to continue to operate the parking lots until this month because of a separate lawsuit that challenged the VA's use of its West Los Angeles campus for any purpose not specifically related to care and housing of veterans, according to the statement.

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4.2 - Government Executive: [It's Unclear Whether New Law and Push from Trump Have Increased VA Firings](#) (16 January, Eric Katz, 852k uvm; Washington, DC)

In June, President Trump said a new measure to ease the firing of employees at the Veterans Affairs Department that he was signing into law marked a "transformative change." One year

into his presidency, however, and six months after the enactment of the law, the administration that made firing more employees at VA a cornerstone of its veterans policy agenda has yet to fully realize Trump's promise.

On Wednesday, the Senate Veterans' Affairs Committee is holding a hearing to solicit from VA Secretary David Shulkin a progress report on implementing 2017 VA reform legislation. As one of the marquee veterans laws from last year and perhaps the most significant legislative achievement Trump signed in his first year in office before completing tax reform, the firings and other disciplinary actions taken since Congress passed the VA Accountability and Whistleblower Protection Act will likely play a major role in the hearing. Shulkin will likely tout the progress VA has made on the disciplinary front, but the numbers show little, if any, significant change.

VA has fired 2,537 employees since Trump took office in January. Public data on the department's new accountability website show 1,455 removals, but VA said the figure reaches the higher total when coupled with probationary terminations. According to data maintained by the Office of Personnel Management, VA fired 2,662 employees for discipline or performance in fiscal 2016, the last fiscal year entirely under President Obama. Despite the new law and the Trump administration's focus on holding badly behaving and poorly performing VA employees accountable, firings actually declined by nearly 5 percent.

Curt Cashour, a VA spokesman, said that according to internal department data, it fired just 2,001 employees in calendar year 2016. That would mean VA firings actually increased from 2016 to 2017. OPM's data shows just 2,061 firings in fiscal 2017, just over one-quarter of which included the post-accountability law era. Still, the period was primarily controlled by the Trump administration and firings at VA declined by nearly 23 percent from fiscal 2016. Cashour emphasized that fiscal year and calendar year comparisons were not apples to apples.

Cashour also noted firings and other disciplinary actions have increased since the law's enactment. VA fired 983 employees in the five months between Trump's inauguration and the enactment of the accountability law and 1,554 employees in the six and a half months since then, an increase in the daily firing rate. Cashour said VA has depended on the new law's authorities for "most VA disciplinary actions." The rate of total disciplinary actions per day has remained roughly the same since June 23, the day Trump signed the measure into law.

The law, Cashour, said, "is one of the most significant federal civil service reforms in decades and is helping instill across the department the type of workforce accountability veterans and taxpayers deserve."

House Veterans Affairs Committee Chairman Rep. Phil Roe, R-Tenn., said most VA employees are hardworking and have the best interest of veterans at heart, but the old disciplinary process prevented "effective and efficient" action.

"I'm encouraged by our progress in the past year to bring wholesale reform to the Department of Veterans Affairs," Roe said, "and I'll continue to conduct diligent oversight to ensure only the very best are serving our nation's heroes."

The bill allows the department's secretary to fire, suspend or demote an employee with only 15 days' notice. Employees can appeal to the Merit Systems Protection Board in an expedited timeframe. MSPB then has 180 days to issue a decision, with the law designed to make it easier for VA to prove a negative personnel action was warranted. Employees would maintain the right to appeal an MSPB decision to federal court. Unionized and Senior Executive Service

employees have distinct, internal grievance processes that have to be completed within 21 days.

Two House committee aides said they were paying attention to the numbers from VA, but did not necessarily view it as a key metric. The goal of the law was to make it easier to hold employees accountable when warranted, not to fire more total people, they said. They added they have been in touch with VA management and front-line supervisors and heard anecdotally that employees are more incentivized not to engage in problematic behavior in the first place or simply resign when facing discipline.

While firings have ticked up since the law was implemented, the lack of a massive swing in terminations perhaps demonstrates that some of the concerns with the bill raised by various stakeholders during the legislative process were unfounded. Employee groups, for example, warned the measure will lead to politicized punitive actions and labeled it an existential threat to the non-partisan civil service.

"The sky is not falling," one committee aide said.

Congress passed the law after multiple investigations revealed a widespread VA practice of manipulating patient data to give the illusion of shorter wait times for appointments. Obama initially signed a law in 2014 aimed at expediting the firings of just the department's senior executives, but the constitutionality of those provisions was questioned in court and VA eventually stopped using them. VA's data show the department is not necessarily targeting individuals directly involved in veterans' medical care, which lawmakers said were the target of the new firing authority.

VA fired just 10 employees in medical records positions in 2017, 48 physicians or physician assistants and 308 nurses or nursing assistants. By comparison, it fired 177 employees in housekeeping and 82 in food services. To put that in perspective, VA fired one doctor for every 1,000 it employs, while it removed three nurses for every 1,000; four medical record technicians for every 1,000; and 10 food service workers for every 1,000. VA employed just 227 employees in housekeeping management as of September. The department fired one SES employee in fiscal 2016, compared to five (of the 138 it now employs) in fiscal 2017.

Cashour said VA was committed to holding accountable any employee deemed to have not met standards.

"Culture spans the entire organization," the spokesman said. "As with any government agency or business, VA has more rank-and-file workers than senior leaders, and we hold them accountable when warranted, regardless of rank or position."

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4.3 - FedSmith: [50-Count Indictment Leads to Indefinite Suspension at VA](#) (16 January, Susan McGuire Smith, 276k uvm; Washington, DC)

This recent case illustrates how an agency can use the "crime exception" to expedite processing of an indefinite suspension in a situation where an employee is charged with criminal activity. (Henderson v Department Veterans Affairs (CAFC No. 2017-1071, 12/26/17)) The facts are taken from the appeals court decision sustaining the indefinite suspension.

Mr. Henderson was a GS-13 Program Analyst for the VA in Atlanta when the federal grand jury indicted him on fifty counts of false statements in violation of 18 United States Code Section 1035. Two weeks later, the agency proposed to suspend Henderson indefinitely, invoked the crime exception to shorten the notice period, considered Henderson's reply, and effected the suspension about one month after the criminal indictment was handed down. (Opinion pp. 1-6)

Henderson argued that his due process rights were violated by invoking the crime exception that he contended was not appropriate under the facts of his case, and by indefinitely suspending him based on the indictment. Not so, ruled the Merit Systems Protection Board (MSPB). The federal court of appeals has now upheld the agency's action and the MSPB decision.

Here's how it went down.

As part of his responsibilities, Henderson ordered employees under his supervision to "close over 2700 unresolved authorized consults for medical care for veterans by falsely declaring the consults to have been completed or refused by the patients, when in truth and fact, as Henderson then well knew, the consults were still pending and unresolved, and the veteran patients were still waiting for the authorized medical consults." (p. 3) These 2700 consults were thus closed out by Henderson's direction during a 5-6 day period. The 50-count indictment stemmed from these actions.

These consults were a prerequisite for a veteran to obtain medical care from private sources as permitted under certain circumstances.

The agency noted in imposing the indefinite suspension that Henderson had been indicted and arrested for making false statements (50 times) involving health care matters; if convicted he would face five years/\$250,000 per count; therefore, VA had "reasonable cause to believe" that Henderson had committed a crime for which he may be imprisoned and that it was not in VA's best interest to leave him in a duty status pending the outcome of the criminal proceedings. (p. 3)

Henderson maintained that he was innocent of criminal wrongdoing, demanded documents from the VA, and asked that the suspension be stayed until the outcome of the criminal proceedings. In other words, continue him in a paid status. When the agency did not waver, Henderson took his appeal to the MSPB. The administrative judge concluded that the grand jury indictment provided sufficient basis for the agency to affect the suspension. Further, the VA "had established a nexus between the criminal charges and the efficiency of the service....[in that his] misconduct interfered with or adversely affected the agency's mission." (p. 4).

An indefinite suspension is an adverse action and therefore requires the agency to follow procedures spelled out in law: 30 days notice of the proposed action, reasonable chance to reply, representation by counsel, and a written decision. However, when an agency invokes the crime exception, it can shorten the process. The standard for doing this is when the agency has "reasonable cause to believe the employee has committed a crime for which a sentence of imprisonment may be imposed." (p. 6) The MSPB and the court found nothing improper in the invocation of the crime exception in this case. In fact, when there is reason to believe a crime has been committed and that it was committed in connection with performing official duties, "it is incumbent upon an agency to act promptly." (p. 8)

Oddly enough, Henderson did not argue that the indictment was enough to suspend indefinitely, rather he argued that the grand jury was not independent but functioned “merely as the catspaw of the [VA].” (p. 6) VA supplied the evidence and testimony to the grand jury and won the indictment using “vague allegations.” (p. 6)

The court was polite: “We do not find this argument persuasive...” pointing out that a grand jury independently considered the evidence and found there was probably cause to hand down its indictment of Henderson. (p. 7)

Making a long story short, the appeals court now agrees with that MSPB decision and the indefinite suspension stands.

(As an aside, the court noted in a footnote to its decision on this case that Henderson was found guilty on all counts and sentenced to 22 months in prison. His appeal from that conviction is pending. (Page 4, note 1))

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4.4 - WLUC (NBC-6): [American Legion leadership visits Iron Mountain V.A. Hospital](#) (16 January, David Jackson, 276k uvm; Negaunee, MI)

IRON MOUNTAIN, Mich. (WLUC) - Leadership for the Michigan detachment of the American Legion is on a tour of U.P. Veterans Affairs facilities.

Tuesday, January 16th 2018, they took a tour of the Oscar G. Johnson V.A. Medical Center.

The American Legion was established by Congress in 1919, and now has more than 2.2 million members across 13,000 posts nationwide.

The Legion promotes patriotism, supports youth activities, and members volunteer in places like V.A. hospitals.

At V.A. hospitals, members assist veterans and provide support for their family members while the vets are receiving treatment.

"As a part of the tour we've stopped by the Iron Mountain VA so that we could have the opportunity to visit with the director and the volunteers and staff and see what we can do to better assist the VA Hospital," American Legion Michigan State Commander Brett Holt said.

According to the American Legion, the Iron Mountain V.A. Hospital is the most rural facility in the country, and leadership is not able to visit as often as hospitals down-state.

"So far this is my first time, it's very impressive, it's a beautiful facility, I understand that it's very well respected, the community is a huge part of what makes this a successful place, I'm very impressed with that," Sons of the American Legion VAVS Representative Dennis Larson said.

"This hospital wouldn't be as excellent as it is if it wasn't for the collaboration between the community and the administration here at this hospital, I'm real proud to be part of this," Michigan Sons of the American Legion State Commander, Dominic Merlington said.

The American Legion also supports V.A. Hospitals being properly staffed, especially with specialists, and are advocating in Washington D.C. for legislation providing student loan forgiveness in exchange for commitments from doctors.

"So doctors will sign on to work for the V.A. for five years or a ten year period of time depending on what their student loan payoff is, and in exchange for that five year, ten year commitment to the VA, we'll pay off your student loan," Holt said.

Membership is open to honorably discharged veterans who served during war-time.

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4.5 - Charleston Regional Business Journal: [Fisher House opens in Charleston to support veterans, families](#) (16 January, Patrick Hoff, 45k uvm; Mount Pleasant, SC)

In 2012, Charleston-area couple Trux and Durbin Emerson were looking for a way to give back to their community, especially veterans who lived in the Lowcountry.

The Emersons approached retired Maj. Gen. James Livingston, a Medal of Honor recipient and Charleston-area resident, for his thoughts on how they could give back. Livingston suggested the couple fundraise to build a Fisher House, a guesthouse for families of veterans who are receiving care at a VA Medical Center.

"We were not the first people to try to do something like this, but I think we were just ... lucky in the confluence of certain factors that came into play that sort of ensured the success of what we were trying to accomplish," Durbin Emerson said.

Five years and millions of dollars later, the ribbon was cut on the 16-suite Fisher House Charleston at 150 Wentworth St. in downtown Charleston, less than two miles from Ralph H. Johnson VA Medical Center.

The Fisher House Foundation, the nonprofit that builds Fisher Houses across the country, was founded in 1990 by Zachary and Elizabeth Fisher. The organization has built more than 70 homes across the country to assist veterans and their families. Fisher House Charleston is No. 73.

Tonya Lobbetael, public affairs officer for the Ralph H. Johnson VA Medical Center, said the hospital provides health care for 75,000 veterans across 21 counties along the South Carolina and Georgia coast, which created the need for a place for veteran families to stay.

"We have patients that are coming from geographic distances for care, and it's very expensive at many of the hotels in downtown Charleston to be close to them, or even in West Ashley and the surrounding area," Lobbetael said. "And many of our veterans don't always have the financial resources to be able to stay at a commercial facility for an extended period of time if their loved one is recuperating."

Emerson said initially, the goal was to build an independent guesthouse that they called a Harbour House because the national Fisher House Foundation requires an acre of federal land to build a house on.

She said one of the challenges in raising money was having to teach people what a Fisher House was while asking for donations, and then explaining why they were doing it independently instead of through the Fisher House Foundation.

“There are many, many people who’ve never heard of (Fisher House), don’t know what they are,” she said. “So when you start with something that is purely conceptual and you’re trying to imitate something that nobody even knows what it is, it’s ... an educational process that you’ve got to go through that is very difficult.”

However, in the midst of their fundraising push, the Fisher House Foundation called the Emersons to say they wanted to help. If the Emersons bought the land and donated it to the Department of Veteran Affairs, the foundation would build an official Fisher House there.

“It was a \$7 million to \$8 million phone call,” Emerson said, referring to how much money it would have cost to build the house independently. “It was almost surreal.”

The Emersons now only had to raise \$4 million to buy an acre of land to donate to Veteran Affairs.

“This house is 100% a gift to the Charleston community and to the Ralph H. Johnson VA Hospital,” Emerson said.

After the Emersons raised the first \$1 million to buy the land, the Fisher House Foundation loaned the couple \$3 million so they could close on the land, which held an abandoned funeral home at the time.

“There were times it was a real roller coaster ride,” Emerson said. “I don’t know how you feel about waking up every morning owing \$3 million but to me it’s not a good feeling.”

The Emersons continued to raise money, and after about a year, the loan was paid off and the land could be donated.

Approval and design

After donating the land to the Department of Veterans Affairs, it took a year for the department to approve the donation because of archeological and other surveys to make sure there weren’t contaminants on the land.

“Once it becomes federal property, then the federal government is responsible for all the maintenance, upkeep and everything that is related to the land,” Lobbestael said.

Another obstacle to getting a Fisher House in Charleston, especially in the downtown area, was the typical two-story design the Fisher House Foundation uses didn’t fit, in both style and size. Instead, architects from the foundation took elements from the Fisher House design and created the only three-story house in the country.

“There are many common elements that have to be included, such as the kitchen facilities, the larger dining area, ... the living room area, the den,” Lobbestael said. “And then we had to factor in putting in an elevator because in most Fisher Houses, they don’t have a need for an elevator because in their standard design, two wings (on the first floor) are guest facilities and anyone

who would be in a wheelchair would be in the first floor. But all of our accommodations are on the second and third floor.”

Since the Fisher House Foundation was building on federal land, it wasn’t required to go through typical city approval processes, but through a memorandum of understanding between Veteran Affairs, the Fisher House Foundation, the city of Charleston and neighborhood associations, local entities were able to give input on the design.

“There were over 20 modifications that were made to the design of the house based on the community feedback and our community partners’ feedback,” Lobbestael said. “It was very important to us at the VA and to the foundation that we be very cognizant of the fact that we are in a neighborhood — a very beautiful historic neighborhood — and we want to fit in and be good neighbors.”

There were also historical objects, such as a carriage house and a brick wall, which needed to be protected during construction, and elevation requirements to protect the house from flooding, which added even more layers of complexity.

“It was really an interesting process in marrying up federal building requirements, what the foundation commits to providing in the sense of ... this level of quality, and the need for us to fit into the community,” Lobbestael said. “It was really such a unique learning experience and an opportunity for us in the VA.”

After all of the planning was done, Fisher House Charleston broke ground on Nov. 16, 2016, and 385 days later, it was completed.

“It was amazing to see how quickly and how efficiently that construction crew worked,” Lobbestael said. “It was really something to behold.”

Continuing support

With the house completed and the first families scheduled to arrive in early January, Vicki Johnson, manager of Fisher House Charleston, and the staff at the Ralph H. Johnson VA Medical Center are filling the double-sized kitchen with food and supplies and figuring out ways to shuttle families between the medical center and the Fisher House. Unlike other houses, Fisher House Charleston is one of the few houses off-campus from its accompanying medical center.

“While a mile is not very far, if you’re not used to driving in Charleston traffic or late at night, and a lot of our families are elderly,” Lobbestael said. “So we’ll be working through all of that just to make it the best experience for the families.”

Some of the options being considered are taxi vouchers, using ridesharing services such as Uber and Lyft, or public transportation.

The Emersons are also continuing to raise money to help support the Fisher House through their nonprofit, now called Friends of Fisher House Charleston. Johnson receives a budget from the VA to buy essentials for the Fisher House, such as food, but other comfort items need to be donated.

“Each of these houses need to be supported by their individual communities or military bases, so it’s not as if this is over and done with,” Emerson said. “The need to continue to raise money will always be there.”

Emerson said when the house is in full swing, Johnson plans to put together a wish list so people aren’t donating things the house doesn’t have use for or room to store.

“Our local Friends of Fisher House Charleston group is phenomenal,” Johnson said. “They have been amazing from the very beginning in helping make this become a reality and in the support they continue to provide and will continue to provide for us. It’s going to make all the difference in the world.”

Lobbestael agreed with Johnson, and said she hopes the community continues to support Lowcountry veterans and Fisher House Charleston for generations.

“There is so much that is said and done to honor veterans across Charleston and across the greater Lowcountry,” she said. “This is a military town, and it has a very rich heritage, and I firmly believe that we ... as a community have a responsibility to do everything that we can to take care of these families. And so if we can do that by taking care of them here in this Fisher House with the community’s support, that’s just one more wraparound service that we can provide to them.”

This story originally appeared in the Jan. 8, 2018, print edition of the Charleston Regional Business Journal.

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5. Improve Timeliness of Service

5.1 - International Business Times (Video): [Veteran Sues VA Department For Surgery That Left Scalpel In His Body](#) (16 January, Gayatghri Anuradha, 15.8M uvm; New York, NY)

A veteran filed a lawsuit against a Connecticut hospital claiming a scalpel was left in his body for four years after his surgery, reports said Monday.

Faxon Law Group filed the lawsuit against the Department of Veterans Affairs on behalf of 61-year-old United States Army veteran Glenford Turner, who had his cancerous prostate removed in robot-assisted laparoscopic surgery at the VA Connecticut Healthcare System, West Haven Campus in 2013.

Turner’s lawyer, Joel Faxon told the Boston Globe that the surgery took five hours instead of the one hour it should have taken. There was no standard measure of X-ray performed afterward to ensure that no surgical materials had been left behind.

Turner returned to the VA hospital on March 29, 2017 for an MRI after complaining of dizziness and long-term abdominal pain. “The imaging study was abruptly halted when Mr. Turner began to experience severe, worsened abdominal pain,” Faxon said.

"X-rays revealed the presence of an abandoned scalpel inside Mr. Turner's body. Doctors confirmed that it was the scalpel knife used during Turner's radical prostatectomy — performed four years earlier at the West Haven VA," he added.

CBS affiliate WFSB-TV reported that the instrument, which was present near Turner's stomach and intestines, was removed in a surgery in April 2017.

Turner's lawsuit claimed he suffered pain, additional surgeries, medical expenses and lost work time. Faxon called the incident "an incomprehensible level of incompetence."

"It is shocking that in return for that service the VA thanked him by deploying a rookie surgical trainee to perform the surgery who showed an incomprehensible level of incompetence by losing the scalpel in Mr. Turner's abdomen and not bothering to find it. He just sewed him up and moved on to his next victim," he said.

"I don't know how the man is still alive, frankly, because [the instrument] could have pierced the bowel, it could have pierced the intestines, it could have pierced the stomach," Faxon said. "There are a lot of sensitive parts in the lower abdomen."

He added that Turner had no infections and was "getting along OK," but that he was "apoplectic over the whole thing." Faxon also expressed concerns that there could be long-term damage.

"I said this is the easiest case in the history of the world for the government to pay, because they know they screwed up. You have an administration run by Donald J. Trump, who claims to be a friend of the veteran," Faxon told the Globe. "And the veteran is then completely blown off by the government, forcing us to file this lawsuit and go through this process that's completely unnecessary."

A Department of Veterans Affairs spokesman, Curt Cashour, said, "VA does not typically comment on pending litigation."

Sen. Richard Blumenthal (D-Connecticut) said he was "appalled and stunned" by the allegations.

"While the court determines liability, I have asked for a detailed explanation from VA of this deeply troubling report. I am demanding also full accountability so this kind of horrific negligence never happens again," Blumenthal said in a statement Monday. "America owes our veterans the world's best medical care, nothing less."

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5.2 - NPR: [Veteran Sues After Scalpel Found Inside His Body 4 Years After Surgery](#) (16 January, Merrit Kennedy, 21.9M uvm; Washington, DC)

Glenford Turner had surgery in 2013 at a Veterans Affairs hospital in Connecticut. Four years later, according to a new lawsuit, doctors discovered that a sharp metal surgical instrument had been accidentally left inside the Army veteran's body.

"It's perplexing to me how they could be so incompetent that a scalpel that really should only be on the exterior of your body not only goes into the body but then is sewn into the body," Turner's lawyer, Joel Faxon, tells NPR. "It's a level of incompetence that's almost incomprehensible."

The lawsuit alleges that a trainee surgeon performed the radical prostatectomy at VA Connecticut Healthcare System, West Haven Campus. "Subsequent to the surgery, [Turner] had unidentifiable abdominal pain at the time," Faxon says. "Nobody could ever really figure out what it was."

The object was discovered when Turner, now 61, went for MRI in 2017 for a separate medical issue. The magnet in the MRI machine "reacts to the scalpel in his abdomen, and you have to stop the procedure because he has all this pain," says Faxon. "The scalpel's moving around in there."

A separate court document describes the object as a "5 inch scalpel handle" — it's not clear whether the blade is attached to the handle, because neither Faxon nor Turner has had access to the object. It appears long, thin and pointed on an X-ray.

Turner then went through an additional surgery to remove the instrument.

The VA Connecticut did not provide specific comment on the lawsuit, stating: "VA does not typically comment on pending litigation."

According to Faxon, the plaintiff filed an administrative claim with the VA last June but has not received a formal response beside stating that it has been received. "We're told by the administrative arm of the VA that they're so understaffed and incapable of even looking at the claim that they couldn't do anything," he said, which prompted the federal lawsuit filed last week.

He expects the case to take some three years to reach a resolution and is hoping for a payment to Turner of more than \$1 million. "I think something like this is so egregious, and the way the government has handled it is so egregious, that it should be a substantial payment."

Leaving surgical materials inside patients is surprisingly frequent. "With more than 28 million operations performed nationwide, the number of cases in which foreign bodies are left behind during a procedure in the United States has been estimated at around 1500 cases per year," scientists recently wrote in the Open Access Macedonian Journal of Medical Sciences, posted by the U.S. National Library of Medicine.

That may actually be a low estimate. According to The Washington Post, "a 2013 USA Today review of government data, academic studies and legal records found the figure was more likely between 4,500 and 6,000 times per year."

Sponges are most common and may cause infections. "I've had cases of sponges, needles ... towels, surgical screws, clamps, things like that, left inside people," says Faxon. This is the first time he has seen a scalpel.

Turner's wife is also party to the lawsuit. The complaint states that as a result of the injuries caused by the forgotten medical instrument, his wife "has been caused to lose his company, society, services and affections."

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5.3 - Orlando Sentinel: [VA makes opioid prescribing rates public for first time](#) (16 January, Naseem S. Miller, 4.8M uvm; Orlando, FL)

The opioid prescription rates at the VA medical centers in Florida dropped by at least 25 percent between 2012 and 2017, according to a new interactive map posted online by the Department of Veterans Affairs.

VA for the first time made the information public this month as part of its “efforts to be the most transparent agency in government,” according to its website. The move also makes VA the first hospital system in the U.S. to release its opioid prescribing rates.

“Many Veterans enrolled in the VA health-care system suffer from high rates of chronic pain and the prescribing of opioids may be necessary medically,” VA Secretary Dr. David Shulkin said in a news release. “And while VA offers other pain-management options to reduce the need for opioids, it is important that we are transparent on how we prescribe opioids, so Veterans and the public can see what we are doing in our facilities and the progress we have made over time.”

At Orlando VA Medical Center, opioid dispensing rates dropped from 15 percent in 2012 to 8 percent in 2017, reflecting a 44-percent decrease.

The overall opioid prescription rates — which are calculated by dividing the number of Veterans who received any opioid prescription by the total number of Veterans who received a prescription from that pharmacy — dropped by more than 40 percent between 2012 and 2017 nationwide.

The rates don’t show the number of patients who received opioids. They also can’t be used as a comparison tool, because of variations in patient population and medical needs from one facility to another.

Like the rest of the health-care industry, the VA has come under fire for playing a role in fueling the opioid epidemic by its prescribing practices.

The agency has implemented strategies via its Opioid Safety Initiative to restrict the prescription of painkillers, although some Veterans say that they’ve been cut off from the same medications that gave them their livelihood.

The prescribing rate data will be updated twice a year on Jan. 15 and July 15 of each year, according to the VA.

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5.4 - The Roanoke Times: [Local hospitals coping with IV bag shortage](#) (16 January, Luanne Rife, 1.5M uvm; Roanoke, VA)

Local hospitals are not immune to the IV bag shortage being experienced nationwide that began soon after Hurricane Maria knocked out power in Puerto Rico four months ago.

"I've been with Carilion 11 years. Drug shortages have been going on the entire time. A lot of it takes place behind the scenes, and there is very little impact to the end user," Jason Hoffman, inpatient pharmacy director at Carilion Roanoke Memorial Hospital. "In terms of the severity and the impact on day-to-day workflow, this is probably the biggest we've seen."

Most drug shortages center on medications that treat specific diseases. This shortage is of the small IV fluid bags that are used to administer a vast array of medications.

Hoffman's team used to mix 1,500 bags each day.

"That's one per minute around the clock, to give some perspective on the number of bags we were using in the pharmacy," he said.

Now, some of the medication is being given orally, pushed directly into a patient's vein or mixed into larger bags, which is now increasing demand on that supply.

"There are so many moving pieces to the puzzle," Hoffman said. What the pharmacy is doing today might differ from what it is doing when the next shipment of bags and fluids arrive.

Hoffman said Carilion's leadership, physicians and nurses are all involved in figuring out "if we can't do it this way, how are we still going to get that medication to the patient in a safe manner. It could be looking at different medication or a different route."

Soon after the hurricane hit Puerto Rico on Sept. 30, concern developed that a shortage of IV bags of saline fluids would soon hit the United States. The storm wiped out the island's electrical grid and disrupted production at three plants owned by Baxter International, the nation's largest supplier of IV bags.

The Food and Drug Administration in November temporarily permitted the import of IV products from facilities outside the U.S., encouraged other IV product makers to expand production and expedited its reviews of new products.

But all of that takes time.

The Salem VA Medical Center and the HCA-owned LewisGale hospitals also are experiencing shortages.

"We have implemented alternative strategies to minimize any impact as a result of the shortfall," said Nancy May, vice president of marketing for LewisGale. "Being affiliated with HCA has enabled us to collaborate with our multi-disciplinary resources and sister facilities throughout the country to ensure patients continue to receive the highest level of care."

Hoffman said pharmacy directors at Carilion hospitals are having twice-weekly telephone conferences to share resources.

Salem VA spokesman Brett Robbins said patients have not been affected.

"The shortage has been an issue that we continue to manage closely to ensure we have an adequate supply," he said.

Supplies began to change in October.

“Shipments were coming in later than they normally were. Sometimes we were getting a partial shipment,” Hoffman said.

“While we would normally order a week at a time to have a week or two on hand, now we’re given a number of what we can order a month, and typically we cannot go above that, and sometimes we don’t get fully what we are allocated on a particular month,” he said.

Robbins said the VA is paying more — up to five times as much, though he didn’t have a dollar amount — as it’s had to buy through the open market and outside of contracts.

Carilion, too, has seen price hikes on certain items that make them four to five times more expensive. Some items are 10 times as much. Carilion said it is absorbing the costs and not passing them on to patients.

The shortage is expected to ease in the next couple of months.

“After this is all over, we will take a big-picture approach, and what worked well we will continue to do,” Hoffman said. “Anytime you’re forced to change, it’s a good opportunity to evaluate what you are doing.”

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5.5 - KFOR (NBC-4, Tribune Media Wire, Video): [Veteran says he found VA hospital scalpel in his abdomen after excruciating MRI](#) (16 January, Nadia Judith Enchassi, 1.5M uvm; Oklahoma City, OK)

NEW HAVEN, Conn. – An Army veteran is suing a Connecticut Veterans Affairs hospital after he said doctors found a scalpel that had been left in his body four years earlier.

According to attorneys at the Faxon Law Group, Glenford Turner, 61, and a United States Army veteran from Bridgeport, was at the VA Connecticut Healthcare System, West Haven Campus, for a scheduled MRI after experiencing a recent episode of dizziness and long-term abdominal pains.

The MRI was stopped when Turner started having severe abdominal pain. Attorneys said X-rays showed an abandoned scalpel inside Turner's body. Turner's lawyers said doctors confirmed it was the scalpel knife used during Turner's radical prostatectomy, which had been performed four years earlier at the West Haven VA in August, 2013.

The lawsuit said Turner was operated on in April 2017 to remove the dangerous instrument parked near his stomach and intestines.

In a press release, Attorney Joel T. Faxon, of New Haven, said:

“Mr. Turner served our country proudly for decades. It is shocking that, in return for that service, the VA thanked him by deploying a rookie surgical trainee to perform the surgery who showed an incomprehensible level of incompetence by losing the scalpel in Mr. Turner’s abdomen and not bothering to find it. He just sewed him up and moved on to his next victim.”

U.S. Senator Richard Blumenthal said, in a statement:

"I'm appalled and stunned by allegations of this egregious medical malpractice case involving the West Haven VA. While the court determines liability, I have asked for a detailed explanation from VA of this deeply troubling report. I am demanding also full accountability so this kind of horrific negligence never happens again. America owes our veterans the world's best medical care, nothing less."

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5.6 - News 12 Connecticut (Video): [Bridgeport resident, army vet sues VA over scalpel left in body after surgery](#) (16 January, 959k uvm; Norwalk, CT)

NEW HAVEN - An Army veteran who says someone left a scalpel inside him after surgery is suing a West Haven veteran's affairs hospital.

Glenford Turner, of Bridgeport, says the scalpel was only discovered years later, after he suffered from long-term abdominal pain.

Turner sued the VA in U.S. District Court last week, seeking unspecified compensatory damages.

According to court papers, Turner had surgery at the VA hospital back in 2013.

Nearly four years later, he went back to the VA with dizziness and severe abdominal pain. An X-ray showed there was a scalpel inside his body.

Turner had to undergo surgery to remove the scalpel. His lawyer says doctors confirmed it was the same one. The lawyer calls it "an incomprehensible level of incompetence."

The VA said Monday it doesn't typically comment on pending litigation.

AP wire services helped contribute to this report.

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5.7 - WCSC (CBS-5): [Opioid prescriptions at Ralph H. Johnson VA decrease nearly 50 percent over 5 years](#) (16 January, Karina Bolster, 827k uvm; Charleston, SC)

CHARLESTON, SC (WCSC) - The Ralph H. Johnson VA Medical Center has seen a nearly 50 percent decrease in the number of opioid prescriptions, according to new data released Monday.

In an effort to be "the most transparent agency in government", the Department of Veteran Affairs released data pertaining to the number of opioid prescriptions dispensed at medical centers across the United States.

This data, collected over a five-year period from 2012-2017, shows the Ralph H. Johnson VA Medical Center in Charleston with a 46 percent reduction in opioid prescriptions. In 2012 the prescribing rate was estimated at 12 percent, later falling to 6 percent in 2017.

Officials with the Department of Veteran Affairs state because the needs and conditions of veterans may be different at each facility, the rates of the use of opioids may also be different for that reason, and cannot be compared directly.

The prescribing rate information will be updated semi-annually, on Jan. 15 and July 15 of each year, according to the department's website.

William Jennings Bryan Dorn VA Medical Center in Columbia saw a 19 percent decrease over the five-year period.

The El Paso, Tex. VA clinic saw the greatest reduction by 66 percent.

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5.8 - Becker's Hospital Review: [Tennessee VA hospital cuts opioid prescriptions by 49% since 2012](#) (16 January, Brian Zimmerman, 441k uvm; Glencoe, IL)

Johnson City, Tenn.-based Mountain Home Veterans Affairs Medical Center reduced opioid prescriptions by 49 percent from 2012 to 2017, according to federal data updated Monday.

Over the five-year period, the number of patients prescribed opioids at the facility dropped from 19 percent in 2012 to 10 percent in 2017. The decrease represents one of the most substantial reductions in the Veterans Affairs health system, according to a report from WJHL.

"It's been a hard effort, not just on one group, the primary docs who are on the frontline, but a whole range of people that have made this happen," David Hecht, MD, chief of staff at the Johnson City VA hospital, told WJHL. "Our job is to do no harm as physicians, and so when we find out that a medication that we're prescribing is doing harm or has the potential to do significant harm even if it hasn't done so already, our job is to try to find alternatives."

Mountain home initiated its opioid reduction program in 2016. The program involves the promotion of alternative forms of pain management, including acupuncture and yoga.

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5.9 - Philadelphia Inquirer: [When the VA lies to Congress about medical marijuana, it lies to our wounded warriors](#) (16 January, John Hudak, 295k uvm; Philadelphia, PA)

In October, the Democratic members of the House Veterans Affairs Committee wrote a letter asking VA secretary David Shulkin why his department is not conducting research into medical marijuana.

In the letter, ranking member Tim Walz (Minn.) and the other nine Democratic committee members note that in many states that have medical marijuana programs, cannabis is recommended for PTSD and/or chronic pain — conditions that afflict many of our wounded

warriors. The members do not ask Mr. Shulkin to start dispensing medical marijuana from VA facilities. Instead, they ask the secretary why the department is not conducting rigorous research.

Below are copies of the committee letter and the response from Shulkin. That response is an unfortunate combination of false information, incomplete analysis, and incomprehensible logic. Rather than engaging in an honest, comprehensive discussion of the merits of the VA's position, the secretary appears to wave off committee members' concerns about an issue that affects the lives of millions of soldiers and veterans across the United States.

There are seven major problems with Shulkin's response to the Democratic members of the House Veterans Affairs Committee. Those problems range from a mischaracterization of federal law to a faulty analysis of current medical research to a failure to put medical findings in context and more. The shortcomings in the secretary's response should alarm Democrats and Republicans; House members and Senators; soldiers, veterans, and civilians alike.

What the Veterans Affairs Committee wants

It is important to start by discussing what ranking member Walz and his colleagues request of the secretary. They do not say that they want VA to come out in support of medical marijuana or that they want VA to begin dispensing medical marijuana nationwide or in the states that have passed medical marijuana reforms. They are simply asking that VA's research arm — the Office of Research and Development — conduct clinical research on the efficacy of marijuana as a therapy for veterans.

This is not a debate about whether states should legalize marijuana nor does it pit liberal reformers against conservative elements of the Trump administration. The request centers on an empirical question in science: can marijuana be used to treat conditions in soldiers? Americans want our veterans to have the best care possible — and they want to make sure the VA is doing all that it can to provide up-to-date, cutting edge, and effective medicines for patients. With hundreds of thousands of patients across the country reporting benefits from medical marijuana and with veterans self-medicating on a daily basis, VA owes it to veterans to conduct high quality, rigorous research into this substance.

No, Mr. Secretary, the VA is not restricted from conducting medical marijuana research. In Shulkin's response, he claims that "... Federal law restricts VA's ability to conduct research involving medical marijuana ..." That claim is simply false. Doctors and researchers at the VA or in VA hospitals could conduct research into the medical efficacy of marijuana while remaining completely compliant with federal laws, regulations, and the United States' obligations under international agreements. Doctors and other researchers across the United States conduct research into the health effects, risks, and benefits of marijuana for medical purposes every day. Nothing under federal law treats a VA researcher differently than it does a doctor at Sloan Kettering or a researcher at the University of Michigan.

Yes, there is a protocol that must be followed in order to conduct such research. I have written extensively about how the bureaucracy surrounding the approval process for federally-approved medical marijuana research has a chilling effect on science, is inappropriately arduous, and puts the government between doctors and their patients who want answers. However, that arduous bureaucracy does not stop VA from conducting research.

If the secretary's use of the word "restricts" is given the most generous interpretation, he may mean that the bureaucratic process is burdensome for VA. That would be accurate. However, it would be inappropriate for the VA secretary to claim that a challenging bureaucratic process is a reason to avoid research that may help our wounded warriors get well. What's more, if that bureaucratic process is so onerous that it is preventing VA from conducting important research that should help veterans, it is incumbent upon the secretary to do something about it. Most of the red tape exists because of rules set by HHS and DEA with regard to registration, licensure, evaluation, and the supply of research-grade cannabis. Shulkin should not complain about bureaucracy, but instead work with leadership at HHS, DEA, and DOJ to create a workable process that puts veterans' needs above bureaucratic inertia.

VA analysis of existing research is embarrassingly incomplete

In his letter to Walz, Shulkin notes that his department "commissioned a report from its Evidence-Based Synthesis Program, which conducted a systematic review of research and literature on the 'Benefits and Harms of Cannabis in Chronic Pain or PTSD.'" This program may have conducted a review; systematic it was not. In discussing the findings, Mr. Shulkin notes, "[t]he review found insufficient evidence to demonstrate benefits of cannabis use for patients with PTSD or chronic pain." He also explains the review "identified 10 randomized, controlled trials of cannabis for chronic pain, and two randomized, controlled trials of cannabis for PTSD that are currently underway. For purposes of the review, the literature search included 12 systematic reviews and 48 primary studies."

That review may seem significant, but one need look no further than another government entity for a review of the literature that is actually comprehensive and systematic. The National Academies of Sciences, Engineering, and Medicine published "The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research," eight months before VA published their assessment. The National Academies report examined "10,759 unique articles, including 1,488 articles initially categorized as systematic reviews ... After filtering ... 6,540 primary literature articles and 288 systematic reviews were left to be reviewed by the committee" (411-12). Granted the National Academies report focused on more conditions than simply chronic pain and PTSD; the disparity in numbers is still staggering.

Moreover, the National Academies report notes in its conclusions that "There is conclusive or substantial evidence that cannabis or cannabinoids are effective for the treatment of chronic pain in adults" (14) and "there is limited evidence that cannabis or cannabinoids are effective for improving symptoms of posttraumatic stress disorder" (14). The latter statement on PTSD could square with the findings of the VA report. However, the National Academies' findings with regard to the treatment of chronic pain precisely refute the VA claims, demonstrating the errors that can be made when a non-exhaustive review of important medical literature is passed off as comprehensive.

The flawed logic surrounding cannabis' side effects

The VA's limited review of cannabis' side effects notes that epidemiological studies show "significantly increased odds of a suicide; an increased incidence of new-onset mania among populations without a diagnosis of bipolar disorder; and low-strength evidence of an association between cannabis use and development of psychotic symptoms."

The National Academies report would suggest different findings such as "moderate evidence of a statistical association between cannabis use and increased incidence of suicidal ideation and

suicide attempts with a higher incidence among heavy users” and “moderate evidence of a statistical association between cannabis use and increased mania and hypomania in individuals diagnosed with bipolar disorders” (20). However, it is critical to put this information in context — which Shulkin’s letter inappropriately fails to do. First, the findings to which the VA report points are statistical associations and not causal relationships. What does that mean? On the point of suicidal ideation or suicide attempts, we do not know if people attempt suicide because of the use of marijuana or if people who are suicidal are more likely to use marijuana in an effort to self-medicate or other possible causal relationships. Correlation does not equal causation. The secretary knows that, and as a science professional, he should have been far more forthcoming about that reality than he was in the letter.

Additionally, much of the research VA relies on is observational research. That is, it is research focused on observing individuals consuming marijuana on their own terms, at their own rate, and in the amounts that they choose. Such studies are not based on marijuana use in a controlled, clinical setting. Finally, statistical associations between the use of a substance should be studied thoroughly to assess causation. Many medicines have side effects including suicidal ideation or attempts, mania, as well as a host of other symptoms and behaviors. Finding out whether a substance causes those symptoms, how clinical dosing can minimize those symptoms, or understanding how specific subgroups (i.e., those diagnosed with bipolar disorder referenced above) tolerate a medicine are basic questions in medical and pharmaceutical research. If VA wants to commit itself to finding the most effective therapies for veterans it will assess the literature in a manner that is truly exhaustive — rather than a handful of studies — and support peer-reviewed, clinical research to find answers. We don’t want to give veterans medicines that will increase incidence of suicide. Nor do we want to take a medicine off the table because of preexisting bias or incomplete information.

The risk of impaired driving is no excuse for limiting research

In discussing risks of harm, the secretary’s letter leads by noting “moderate-strength evidence from analysis of multinational observational studies found that acute cannabis intoxication was associated with a moderate increase in motor vehicle collisions.” Secretary Shulkin is correct that individuals using marijuana should not drive a car. However, this argument is asserted as a reason not to conduct research into marijuana’s medical efficacy. That argument is nonsensical and undermines the medicine practiced in VA hospitals across the U.S. every day.

There are numerous pharmaceuticals that can cause impairment or other symptoms that make the operation of a motor vehicle risky. In fact, many drugs prescribed by a doctor and/or dispensed at a VA hospital come with warnings such as “Do not drive or operate heavy machinery while taking this medication.” If the risk of impaired driving were the threshold for banning a substance, pharmacies would lose significant percentages of their supply. It is further unacceptable to suggest that such a risk serves as a basis for refusing to conduct clinical research on a substance.

VA has an opportunity to do cutting edge research

In his letter, Shulkin notes that “most of the studies were not specific to populations with PTSD or chronic pain” when examining risk of harm. It is true that many cannabis studies do not focus on populations with those conditions or the intersection of those conditions, or on veteran populations more generally. However, that reality is not a legitimate reason for refusing to conduct research into marijuana’s medical efficacy. In fact, VA has a significant opportunity to study the therapeutic benefits and risks not afforded to other research institutions. The

secretary's letter admits what everyone knows — veteran populations have significantly higher rates of PTSD and/or chronic pain than the general population. As a result, VA has an ideal population to study the effects of cannabis among those suffering from such conditions.

Further, some veterans are hesitant to enroll in cannabis-related clinical studies (of course conducted outside of VA hospitals) for fear that they may test positive for cannabinoids in a VA doctor visit or unrelated hospitalization, resulting in a disciplinary action or change in course of treatment from the facility. Even as VA has ended its prohibition on patients talking to doctors about their medical marijuana use, those fears still remain within veteran populations, and VA must be sensitive to the fact that cultural changes often lag policy changes in such situations. However, a VA-conducted trial will provide a safe space for veterans to enter such trials, knowing that the same institution will recognize the legitimacy of the clinical trial.

Veterans and non-veterans who suffer from PTSD and/or chronic pain can see benefits from VA-conducted clinical trials into the medical efficacy of cannabis. If research demonstrates medical efficacy, it can help change policy and improve lives. If research shows no relationship or a negative relationship between marijuana and specific disorders, the public will be better informed about the risks.

The spillover effects of Sessions' marijuana policy

Of late, VA has patted itself on the back for scrapping the so-called gag rule. The gag rule as mentioned above forbade doctors and patients from discussing medical marijuana use, even in states that have reformed their medical marijuana laws. While the rollback of that guidance has its skeptics in veteran populations, it was an important step toward ensuring that patients are being honest and forthcoming with doctors, providing physicians with a complete disclosure of their medical history.

However, Attorney General Jeff Sessions' decision earlier this month to rescind the Cole Memo that protected state-legal marijuana businesses and consumers from federal prosecution reignited a concern among marijuana users about the administration's position. While the repeal of the Cole Memo does not affect medical marijuana, Sessions has stated that he wants Congress to repeal the provision of law that restricts his ability to spend funds to prosecute medical marijuana companies and users. If marijuana users are skeptical of the administration, its position on marijuana policy, and its likelihood to change policy on a whim in ways that punish marijuana and medical marijuana advocates, problems can abound. Such concerns can and will have a chilling effect within veteran populations. That chilling effect will mean that more veterans will self-medicate, without physician consultation, and such behaviors can lead to some of the same risks the secretary lays out in his letter.

Combining concerns about the attorney general, language from the White House supporting Sessions, and a VA Department unwilling even to conduct research into the possibility that marijuana could have medical value speaks loudly to veterans. It tells them that this administration will be tough on marijuana and that it has no interest in answering important medical questions — even those that could improve the lives and well-being of our wounded warriors. In fact, that message is amplified by a VA secretary who is not even willing to provide an honest assessment of the state of scientific research or the realities of American public policy to a Congressional committee with oversight.

Moving forward

Shulkin has an obligation to do better. He should recommit that his own department examine the questions posed by the House Veterans Affairs Committee more carefully and rigorously than it has previously as outlined in his letter. He should have a frank conversation in-house that distinguishes between conducting research on the medical efficacy of marijuana and endorsing the legalization of marijuana. Conducting basic medical research is important for the advancement of therapies for our veterans and the VA has unique opportunities to advance such efforts. Instead, old-fashioned biases, incomplete evaluations of existing literature, and a mischaracterization of policy has, to this point, won the day at VA.

The irony in the secretary's response to Walz's query is that the department's position and behaviors do not advance health care for our veterans. Instead, it adds further risk that frustrated veterans with a variety of conditions will self-medicate, procure medicine through illegal means and/or fail to be forthcoming with their VA doctors. Veterans deserve better than an administration that produces letters like the one sent to the Congress on December 21.

John Hudak, the author of Marijuana, A Short History, is deputy director of the Center for Effective Public Management at the Brookings Institute, where this piece was originally published.

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5.10 - WEAU (NBC-13): [Veterans could receive reimbursement after emergency medical visits](#) (16 January, Abigail Hantke, 276k uvm; Eau Claire, WI)

Local veterans could see some money back to help pay their bills after an emergency medical visit at a non-VA facility.

"They're not everywhere and emergencies can happen everywhere," said local veteran Michael Ludvik, who served in the Marines.

Planning and emergencies do not go hand-in-hand. So making sure you're covered by your insurance during an emergency trip to the doctor, doesn't always work in your favor.

However, the U.S Department of Veterans Affairs is hoping to help local vets foot the bill in emergency situations.

"Before this regulation went through the VA was not paying any additional costs for emergency services that the veterans private health insurance didn't cover," said Eau Claire County Veteran Services Director Tim Moore. "So the veteran would turn in what was paid for by their private insurer for the emergency visit and VA would not cover. Now with this change they're going to be picking up some of that tab."

A new regulation is offering help in emergency treatment for vets at non-VA facilities. Moore added the remainder of the bill from the private insurer would go to the VA; and the VA would still determine if it would be considered an emergency.

Ludvik knows the benefits of having help with his bills and said this is something that'll only continue helping vets.

"I'm all for the VA helping out," he said. "I, myself, I was personally injured. The VA stepped in, I was at Mayo Clinic. They paid Mayo Clinic for my treatments. So I'm for the VA to help out any way they can and have been doing."

Veterans will still have 72 hours to notify the VA of their situation and then have 90 days to submit a request after they're discharged

For the thousands of veterans in Eau Claire County, or any veteran in the state, this regulation began January 9th, but they're backdating everything to April 8th of 2016 for any claims currently pending.

The Eau Claire County Veterans Office said if you have any questions regarding your healthcare benefits through the VA to give them a call. You can also read more by, clicking [here](#).

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5.11 - Task & Purpose: [VA Says It Will Not Study Effects Of Medical Marijuana On PTSD And Chronic Pain](#) (16 January, James Clark, 102k uvm; New York, NY)

The Department of Veterans Affairs will not conduct research into the effects of medical cannabis on post-traumatic stress disorder and chronic pain — some of the very ailments veteran patients rely on the drug to treat.

In a Dec. 21 letter to Minnesota Democrat Rep. Tim Walz, VA Secretary David Shulkin said that the department is unable to research medical cannabis due to federal restrictions. "VA is committed to researching and developing effective ways to help Veterans cope with post-traumatic stress disorder and chronic pain conditions.

"However, federal law restricts VA's ability to conduct research involving medical marijuana, or to refer veterans to such projects," he added.

VA press secretary Curt Cashour expanded on Shulkin's explanation in an email to Task & Purpose this afternoon: Conducting research into medical cannabis at the VA would "involve interactions with a number of federal entities" from the Food and Drug Administration, Health and Human Services, National Institute of Health, National Institute of Drug Abuse, and the Drug Enforcement Administration.

"Requirements include review of an investigational new drug application and approval of the research protocol by the FDA; an investigator registration and site licensure by the DEA; and obtaining the medical drug through NIDA and the nationally approved medical marijuana production laboratory," Cashour said in an email.

In other words, it's not illegal, but there's a lot of red tape to get through.

Shulkin's letter was a response to Walz and nine other Democrats from the House Committee on Veterans Affairs who submitted a letter in October asking whether the VA would commit to conducting research into the effects of medical cannabis on post-traumatic stress disorder and chronic pain, and if not, what barriers stood in the way of that research.

Walz's office released both Shulkin's Dec. 21 letter, as well as another letter dated Jan. 16, again calling for the VA to outline "any and all external and internal barriers in the pursuit of research" into medical cannabis.

"VA's response not only failed to answer our simple question, but they made a disheartening attempt to mislead me, my colleagues, and the veteran community in the process," Walz wrote. "They claimed, without citing any specific law, that VA is restricted from conducting research into medical cannabis, which is categorically untrue. They also go on to make additional excuses while demonstrating a severely limited understanding of existing medical cannabis research in the process."

Shulkin's confirmation that the VA will not pursue research on the potential benefits of medical marijuana for veterans is a huge setback for advocates who see the drug as a potential alternative to a pill-heavy treatment plan, for ailments like chronic pain — which affects half of all patients enrolled in the Veterans Health Administration

VA Secretary David Shulkin on Medical Marijuana For Vets

In an exclusive sit-down interview with Task & Purpose June 12, Veterans Affairs Secretary David Shulkin made clear his department would pursue any emerging therapy with promise for disabled or troubled veterans — including medical marijuana. Here's what he said.

Twenty-nine states, plus the District of Columbia, Puerto Rico, and Guam have legalized medical cannabis programs, and veterans organizations have been pushing for research into the drug as a possible treatment option for ailments such as PTSD and chronic pain, and as an alternative to highly addictive opioids.

Cannabis research also has widespread support among veterans and their family members, with a November 2017 American Legion phone survey reporting that 92% of veteran households support research into the efficacy of medical cannabis in treating mental and physical health conditions.

The news that the VA will not conduct research into medical cannabis comes just a month after the department broadened its guidelines for patients in state-legal medical pot programs to openly discuss their cannabis use with VA physicians — something never officially barred but not widely disseminated or understood.

At this time, it's unclear how the department's stance on marijuana research will impact how VA doctors speak with patients about the drug's use.

"I do not understand how VA can allow VA doctors to discuss medical cannabis with veterans while at the same time refusing to conduct research into medical cannabis's effects on veterans," Walz told Task & Purpose in an email. "To me, these mixed signals are counter intuitive and irresponsibly put veterans' health at risk."

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5.12 - HC+O News: [San Jose Veterans Affairs Clinic Brings Healing Oasis to Patients](#) (16 January, Roxanne Squires, 14k uvm; San Rafael, CA)

SAN JOSE, Calif. — Interdisciplinary architecture and design firm Hoefer Wysocki Architecture, of Leawood, Kan., completed construction of a 95,000-square-foot, three-story facility for the Veterans Affairs (VA) outpatient clinic in San Jose this January.

The \$40 million facility will now provide much-needed services for veterans and their families, with a new ultra-modern, sustainable design created to offer what is being dubbed as a “healing oasis” for patients at the San Jose clinic. The design was originally inspired by the scenic views of the Santa Cruz mountains, with exterior wood veneer composite panels and transparent glazing aimed to connect patients and their families closer to the outdoors as well as offer better community access.

Veterans Affairs Clinic Process Started in 2016

The first floor includes general registration, imaging, a lab and a pharmacy as well as a mental health outpatient clinic, according to a statement. The second floor will be designed for outpatient services including primary care, audiology and speech pathology, podiatry, optometry and dermatology. The third floor will be dedicated to additional specialty services including a women’s health clinic.

With the project beginning in early 2016, Hoefer Wysocki worked on an accelerated schedule, having approximately 24 months to complete construction, implementing lessons learned from previous VA facilities. With the site located adjacent to the US 101 freeway, they faced challenges in trying to position the building to achieve maximum daylight and minimum noise pollution. Using a PACT module, the design team worked toward ensuring better sight of the clinic from the adjacent freeway, securing mountain views and maintaining an optimal orientation for passive solar design to meet LEED requirements while also maximizing overall functionality within the specified budget, according to a statement.

A modular floor plan separates patient and staff corridors, reducing noise and activity levels, and contributes to a calmer healing environment. Waiting areas adjacent to exterior glass walls provide a view of the area’s mountains and plentiful daylight. An outdoor terrace on the third level also offers a haven for retreat and relaxation for patients and their families as well as clinic staff.

“This facility is being designed as a ‘healing oasis’ with a park and outdoor recreational areas,” said Hoefer Wysocki Lead Designer Hosam Habib, AIA, in a statement. “The concept is based on incorporating air, light and space so the design becomes a part of the healing process for patients.”

The San Jose community-based clinic will implement new technological tools to help maintain its modern design, with a highly efficient mechanical system to meet building requirements, second-generation glazing for solar energy, a dimming lighting system, low-irrigation plans to reduce water consumption, a solar water heater, a kiosk check-in and Wi-Fi technology for patients and staff. These features will help the clinic work toward earning its LEED Silver certification.

In addition, the campus will feature a memorial park for visitors to properly honor and thank U.S. veterans. The clinic is scheduled for occupancy in the first quarter of this year.

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6. Suicide Prevention

6.1 - Washington Times: [Analysis/opinion - Lowering the suicide rates of those who serve](#) (16 January, Jacy Gomez, 10.8M uvm; Washington, DC)

President Donald Trump last week signed an executive order which seeks to lower suicides rates among our nation's veterans. The order, which would take effect in March, expands mental health services for transitioning veterans upon their return home to civilian life. Mr. Trump hailed the order as a "historic step to make sure that our incredible veterans are taken care of in a proper manner."

The Departments of Homeland Security, Defense, and Veterans Affairs have two months to iron out the logistics of the order.

Though specifics of the order are not yet clear, the president's actions are a positive step forward in giving transitioning veterans the mental health services they need and deserve. His commitment to these brave men and women deserves a great deal of praise and support.

It's no secret that veterans are uniquely at risk for suicide. Though former servicemen and women make up less than 10 percent of the U.S. population, veterans account for more than 18 percent of suicides in the United States. Tragically, roughly 20 veterans will choose to end their lives today.

Suicide rates among veterans are rising far faster than rates among civilians. From 2001 to 2014, which is the latest data available, suicide rates rose 23 percent for civilians and 32 percent for veterans. That means that the risk of suicide is 21 percent higher for veterans than for civilians.

There are many contributing factors to the mental health disorders that frequently lead to suicide. According to Allison Jaslow, executive director of Iraq and Afghanistan Veterans of America, veterans often have "complex injuries" and "challenges" that civilian doctors either don't understand or aren't equipped to deal with. These challenges include post-traumatic stress disorder — which affects up to 20 percent of veterans — and brain injuries from battle.

She's right — current Veteran Administration healthcare services to support veterans at home are failing spectacularly.

Every year, roughly 265,000 service members transition out of the military. Of those, nearly 6 of every 10 do not have immediate access to healthcare services upon their return home. That's because veterans do not qualify for care until after the government determines their medical ailment is tied to their service.

The transition from military life to civilian life is often very stressful on veterans. In fact, veterans who have been home from service for a year or less are 150 to 200 percent more likely to commit suicide than other veterans.

Once they do qualify for care, VA incompetence forces veterans to languish in pain and discomfort for weeks before receiving necessary treatment at VA hospitals. As of February 2017, no fewer than 144,000 veterans waited 30 days or more to see a doctor.

Mental health services are particularly atrocious. According to a March 2017 review of more than a dozen VA facilities up and down the east coast, an astonishing 36 percent of veterans waited more than a month between primary and mental healthcare appointments.

The status quo is also failing veterans in need immediate care. Calls to the Veterans Crisis Line, for example, often go unanswered. The line was created for the sole purpose of supporting veterans and their families in dire need of mental health assistance. A March 2017 report revealed that more than 25 percent of calls go to backup centers, where dispatchers do not have adequate training and resources to assist veterans in crisis.

Mr. Trump's executive order is a great first step in remedying these problems. His order states that transitioning veterans should have "seamless access to mental health treatment and suicide prevention resources."

Preliminary reports of the plan include expanding the number of VA "Whole Health" facilities, which offer veterans group support sessions.

Moreover, the Department of Defense seeks to expand access to its Military OneSource program. The Military OneSource program enables veterans to receive counseling on relationships, their time in the service, their civilian transition, and more. Currently, the program is available to veterans for 180 days after they leave the military. The president's proposed change would extend the time these services are available to 365 days after veterans leave the service.

The president's executive order deserves praise from lawmakers on both sides of the aisle. Still, we can't forget that our healthcare services are far from adequate. In the remaining years of his presidency, Trump should continue pursuing policies to support veterans.

In the meantime, expanding mental health and support services to transitioning veterans will no doubt improve the lives of America's veterans and their families.

• *Jacy Gomez, a former congressional staffer for Sen. Chuck Grassley, Iowa Republican, is a communications specialist based in Washington.*

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6.2 - WJHL (CBS-11, Video): [VA reps to discuss impact of opioid reduction on suicides during summit](#) (16 January, Nate Morabito, 623k uvm; Johnson City, TN)

WASHINGTON, DC (WJHL) – Several Veterans Affairs representatives are expected to speak about the impact of opioid discontinuation on suicides during the National Prescription Drug Abuse and Heroin Summit in April.

According to the summit's agenda, those VA employees will discuss, among other things, Department of Veterans Affairs' data that shows, "In two sets of fiscal years — 2010-2011 and 2013-2014 — opioid discontinuation was not associated with overdose mortality but was associated with increased suicide mortality."

A VA spokesperson confirmed the federal agency's involvement with the analysis and summit.

“VA will be participating in the 2018 National Rx Drug Abuse and Heroin Summit, where representatives will discuss this preliminary data, which must still undergo peer review before being considered final,” Curt Cashour said.

As we reported Monday, the Department of Veterans Affairs Recently released data that shows Mountain Home VA Medical Center reduced opioid prescribing by 49% between 2012 and 2017.

Chief of Staff Dr. David Hecht said Mountain Home VA continues to monitor patients for any serious side effects.

“Any time we reduce these medications, we want to do them in a safe environment whether it’s as an in-patient or close monitoring as an outpatient,” Dr. Hecht said. “Reduction of these medications can have significant side effects, so we follow them closely.”

Dr. Hecht said just under 3,900 veterans at Mountain Home were prescribed opioids at the end of 2017, which is around 10% of the total patient population.

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6.3 - Patient EngagementHIT: [Executive Order Calls to Aid Veteran Access to Mental Healthcare - The executive order calls on the DoD, VA, and DHS to create protocol that enable veteran access to mental healthcare within one year of exiting the services.](#) (16 January, Sara Heath, 21k uvm; Danvers, MA)

January 16, 2018 - President Trump has signed an executive order aimed at expanding veteran access to mental healthcare during transitions from military service to civilian life.

The order, titled “Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life” requires the Departments of Defense, Veterans Affairs, and Homeland Security to create protocol that would ensure veterans receive mental healthcare for at least one year following leaving the uniformed services.

Currently, 60 percent of newly civilian veterans do not have access to mental healthcare, mostly because of insufficient verified service connection for mental healthcare. The DoD, VA, and DHS will be in charge of filling this care gap.

The agencies have 60 days to develop a Joint Action Plan to establish access to mental health and suicide prevention resources for veterans returning to civilian life. Within 180 days, the DoD, VA, and DHS must update the President of the Joint Action Plan’s progress.

This work is essential, considering the large role mental healthcare plays in reacquainting a serviceman or woman back into civilian life, according to VA Secretary David J. Shulkin, MD.

“As service members transition to Veteran status, they face higher risk of suicide and mental health difficulties,” Shulkin said in a statement. “During this critical phase, many transitioning service members may not qualify for enrollment in health care. The focus of this Executive Order is to coordinate Federal assets to close that gap.”

Veterans three to six months out of their service contracts are three times more likely to commit suicide than other groups, according to a press release from the White House. About 18.5 percent of veterans returning from Iraq or Afghanistan suffer from post-traumatic stress disorder (PTSD), the White House said.

The three agencies will need to eliminate certain veteran barriers to mental healthcare, including prior time limits. They will also work to establish the following:

- Expanding peer community outreach and group sessions in the VA Whole Health initiative from 18 Whole Health Flagship facilities to all facilities. Whole Health includes wellness and establishing individual health goals.
- Extending the Department of Defense's "Be There Peer Support Call and Outreach Center" services to provide peer support for Veterans in the year following separation from the uniformed service.
- Expanding the Department of Defense's Military One Source (MOS), which offers resources to active duty members, to include services to separating service members to one year beyond service separation.

This executive order allows the DoD, VA, and DHS to partner in ways that are beneficial to their constituents.

"The Department of Homeland Security is where many Veterans find a second opportunity to serve their country — nearly 28 percent of our workforce has served in the armed forces, in addition to the 49,000 active-duty members of the United States Coast Guard," said Secretary of Homeland Security Kirstjen Nielsen.

"This critically important Executive Order will provide our service members with the support they need as they transition to civilian life," Nielsen added. "These dedicated men and women have put their lives on the line to protect our nation and our American way of life, and we owe them a debt we can never repay. We look forward to working with the VA and DOD to implement the president's EO."

This move comes as a part of the President's reported commitment to serving the armed forces, he said in the White House statement.

"We must ensure that our veterans are given the care and support they so richly deserve," the President said. "That is our unwavering commitment to those who served under the flag of the United States."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Washington Examiner: [Veterans seeking homeownership need protection](#) (17 January, Rob Posner, 4.8M uvm; Washington, DC)

As CEO of NewDay, I'm seeing a disturbing trend within our mortgage industry that hurts veterans through their Department of Veterans Affairs home loans — the very loans intended to reward these patriotic citizens for their service to our nation.

Veterans with VA loans are being hurt by a few lenders offering to save them money on their monthly mortgage payments. On the surface, these offers sound appealing. In reality, veterans and active military will lose money. Here is how this predatory lending practice works.

The VA loan offers tremendous benefits in helping veterans and their families realize the American dream of home ownership. This loan is helpful because it is guaranteed, backed by the Department of Veterans Affairs. It allows veterans to purchase a home without a down payment. Since the Department of Veterans Affairs Established the VA Home Loan program in 1944, more than 20 million VA home loans have been guaranteed under the program.

But a harmful lending practice called “loan churning” occurs when lenders make repeated offers to lower a veteran’s home loan interest rate by a negligible amount, often times by a quarter percentage point or so. The veteran is also told they can even skip a month or two of mortgage payments while his loan paperwork is processed. The veteran believes he is saving money, but the offer is too good to be true.

It sounds too good to be true because, in fact, it is not true.

What the veteran is not told is how the lenders may charge an “origination fee,” and other expensive closing costs, increasing the unpaid loan balance. The end result is a refinanced loan that appears to have a short-term gain for the veteran, but in the long run could end up being costlier.

Loan churners predominantly use a popular VA loan called the VA Interest Rate Reduction Refinance Loan or. This disturbing trend requires immediate action by mortgage lenders, federal agencies, and possibly even Congress to ensure our active service members and veterans are protected.

Recently, Veterans Affairs and the Government National Mortgage Association (known as Ginnie Mae) have formed a joint task force to make recommendations to end loan churning.

Our company has long established practices that, if adopted by the rest of the lending industry, can greatly reduce — if not end — VA loan churning.

First, the practice of charging costly origination fees on IRRRLs must be stopped. Eliminating origination fees on IRRRLs removes the primary incentive for churning. Next, limit the frequency of IRRRL refinances to once every 12 months, to ensure the discipline of making a mortgage payment remains continuously reinforced.

In Washington, D.C., the VA and Ginnie Mae are working together to effectively end loan churning. The time has come for more substantive policy changes to extinguish a shameful practice that takes unfair advantage of our nation’s active military and veterans.

Rob Posner is CEO of NewDay USA.

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7.2 - The Weekly Standard: [Fact Check: Did Trump End a VA Program for Homeless Vets?](#) (16 January, Holmes Lybrand, 2.1M uvm; Washington, DC)

An article published on December 6, 2017, claimed that Donald Trump's administration had cut a Veterans Affairs program for homeless veterans while the number of homeless veterans increased.

"Trump ends homeless vets program as their numbers rise for first time in 7 years," the headline from Shareblue Media runs.

The article, which saw an increase in traffic on Facebook recently, cites a report from Politico.

Politico updated its own Dec. 6 piece one day later to say that "Veterans Affairs Secretary David Shulkin has killed a plan to shift money from a major homelessness program" amid heavy backlash from advocacy groups and other government agencies.

The report from Shareblue Media, however, may have been written prior to Shulkin revoking the proposed plan, which occurred "late Wednesday"—December 6—as Politico noted. The article was and remains inaccurate in stating in its headline that "Trump ends homeless vets program."

Shulkin released the statement saying that "there will be absolutely no change in the funding to support our homeless programs" at 5:53 p.m. on Wednesday, December 6.

Shareblue Media's article is also unclear on what the proposed program shift would have actually done. The Washington Post reports that the change would have diverted funds from the VA "to local VA hospitals for discretionary use."

The article was correct in noting that the population of homeless veterans saw an increase in 2017, the first time in seven years. The article does not note that the increase was small (close to 600 people) and "largely due to a spike in the Los Angeles area, where the cost of housing has skyrocketed" as CNN reports.

There is a link at the bottom of the article to an update on the story, headlined "Veterans shame Trump admin into keeping program for homeless vets." But without an update to the headline or clarification to the original article, it remains a mixed bag.

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8. [Other](#)

8.1 - The Hill: [A 2018 challenge to government animal experimenters: find your own funding](#) (16 January, Anthony Bellotti, 11.8M uvm; Washington, DC)

I founded the taxpayer watchdog group, White Coat Waste Project, to stop upwards of \$20 billion in wasteful and cruel government-funded experiments on dogs, cats, primates and other animals.

But I don't want to ban a single animal test. I want to defund them.

The growing majority of Americans who oppose animal testing might be surprised to learn that Uncle Sam spends over twice as much on animal tests as every pharmaceutical, biotech and

medical device company combined. The National Institutes of Health — just one of many agencies conducting and funding animal experiments — spends about half of its \$32 billion budget on animal testing.

Despite this enormous investment of taxpayers' money, government-funded animal testing isn't driving medical innovation. In a commentary last year, Harvard Medical School professor Dr. Thomas Stossel explained, "The private economy, not the government, actually discovers and develops most of the insights and products that advance health." Stossel wrote that, "Eighty-five percent of the drugs approved by the FDA since 1988 arose solely from research and development performed within the industry."

Big government outspends the private sector two-to-one on animal testing and defends it as "essential to developing crucial medical advancements," but ultimately contributes to few practical breakthroughs. This doesn't add up.

Controversial experiments on dogs at the Department of Veterans Affairs provide a glimpse into the problem — but also point to a solution.

Right now, the VA doles out more than \$1,600 to purchase 6-month-old beagles, hounds or mixed-breed dogs. The white coats at the VA then spend hundreds of thousands of our tax dollars to surgically induce heart attacks by injecting latex into the puppies' arteries and then stressing their damaged hearts by forcing them to run on a treadmill. Congress members have noted that some of the experiments are placed in the government's "maximum pain" category because the dogs' pain and distress are left unrelieved. The VA then sticks a needle in them, cuts their hearts out and tosses their bodies in the trash.

As many veterans' groups have pointed out, the VA has scant evidence that these heart attack tests or its 10 or so active painful dog experimentation projects actually help veterans. This inefficiency is consistent with the government's own alarming statistic that 90 percent of drugs that pass animal tests fail in humans, "resulting in much wasted time and money while patients wait for therapies."

It turns out that the only 21st century innovation the VA claims any of its dog testing has contributed to — the artificial pancreas for treating Type 1 diabetes — was entirely industry-funded.

The private sector, which spends much less than government on animal testing and is responsible for the lion's share of medical innovation, is clearly a better judge of what's a good investment than government bureaucrats for whom, as one of the world's top Alzheimer's disease researchers puts it, animal testing "has become a perpetually blooming money tree." Unlike industry, government doesn't worry about return on investment, so it has no incentive to innovate or to cut wasteful spending.

As Dr. Stossel wrote in the aforementioned op-ed, "Washington-centric research ... might slow progress." Public health experts even concluded in a British Medical Journal cover feature a few years ago that, "The public's continuing endorsement and funding of preclinical animal research seems misplaced."

We agree, and so does Congress. This past summer, the House of Representatives — in an effort led by economist Rep. Dave Brat (R-Va.) — voted unanimously to cut federal funding for the VA's wasteful and painful dog experiments.

Secretary David Shulkin has said the VA should “operate more like the private sector.” So, let the VA’s dog experimenters compete in the marketplace. Let them pitch Wall Street, Big Pharma, Silicon Valley, perhaps launch a Kickstarter campaign or have a bake sale. Venture capitalists, hedge fund managers and biotech entrepreneurs are investing billions every year in biomedical research.

If the VA can’t raise the money for its dog experiments without federal subsidies, that tells us everything we need to know.

This should resonate with every single Congress member who voted to repeal ObamaCare. After all, if you don’t support “socialized medicine,” why would you support socialized “medical research” at the VA?

Our new year’s challenge to the VA’s animal experimenters and other government “white coats” who poke, prod and poison dogs: find your own funding.

Anthony Bellotti is the founder and president of White Coat Waste Project, a watchdog group working to end federally-funded animal experiments. Bellotti previously was executive director of the American Association of Political Consultants and worked as a strategist on Republican candidate and issue campaigns.

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From: (b) (6)
To:
Cc:
Bcc:
Subject: Veterans Affairs Secretary's Stand-Up Brief for Feb. 23
Date: Fri Feb 23 2018 07:37:06 CST
Attachments: 180223_VA Secretary's Stand-Up Brief.pptx

Good morning,

Sharing today's VA Secretary's Stand-up brief.

Very Respectfully,

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[Redacted signature block]

VA on Facebook. Twitter. YouTube. Flickr. Blog

Document ID: 0.7.10678.453374-000001

Owner: (b) (6)

Filename: 180223_VA Secretary's Stand-Up Brief.pptx

Last Modified: Fri Feb 23 07:37:06 CST 2018



VA Secretary's Stand-Up Brief

23 February 2018

Executive Summary

After more than a week as the most prominent storyline, coverage related to the OIG's report on Secretary Shulkin's European travel began to fade. References to the storyline also experienced a significant decline on social media.

Storyline	Outlets	Analysis	Trend	Priority
OIG report: Sec. European travel	The Hill , Stars and Stripes	For the first time in over a week, coverage of this storyline experienced a significant decline. Beyond their inclusion in a reduced number of reprints, all narratives present in previous reporting largely faded from VA coverage. A single new narrative emerged and followed a letter sent to Secretary Shulkin from the Democratic members of SVAC. Outlets noted that lawmakers expressed their disappointment in the Secretary over the report's findings, his "overly defensive response" to those findings, and called for more transparency from Dr. Shulkin.	Declined	Resources
Nomination for head of VBA	Stars and Stripes	<i>Stars and Stripes</i> followed the earlier Military Times report of the Wednesday night announcement that the president plans to nominate Army Veteran Paul Lawrence to be the new head of VBA.	Sustained	Resources
Indiana VA center FY19 priority	AP	This storyline expanded to national coverage with this <i>AP</i> article. Both the <i>AP</i> and early local coverage cited remarks from Northern Indiana HCS spokesman Tom Blackburn.	Sustained	Choice
Ketamine to treat opioid addiction	Tennessean , WTVF (CBS)	Tennessee outlets profiled the work of a Murfreesboro VAMC doctor, Randall Malchow, who developed a new treatment regimen which uses ketamine to treat opioid addiction. The supportive coverage included a VA announcement and featured VA messaging.	Emerged	Service
Expansion of Caregiver prog. tied to eligibility	Military Update	This widely-syndicated column examined draft legislation, which would expand caregiver benefits to pre-9/11 Veterans but also tighten eligibility requirements for the program.	No trend	Choice



VA Secretary's Stand-Up Brief

23 February 2018

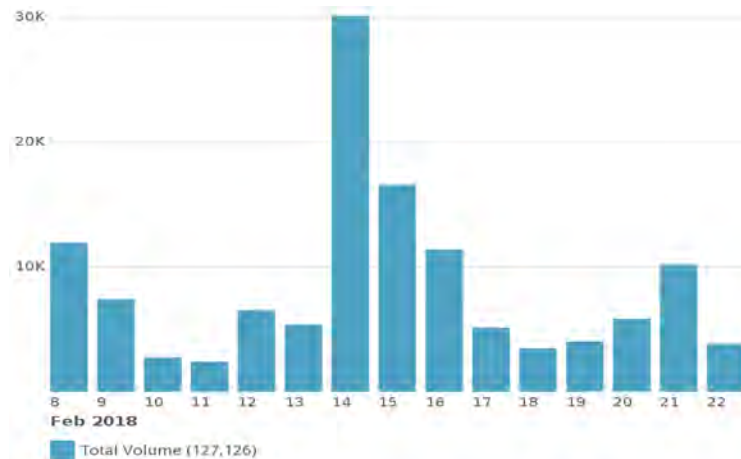
Social Media Takeaway

The share of social media that referenced the European travel OIG report storyline declined by half - this matched a significant decline in overall volume.

Key Points

- The [21 Feb. tweet](#) from fm. Director of the Office of Government Ethics, Walter Shaub, sustained as the most-retweeted post with 270+ additional RTs. This was a 90 percent decline in the pace of retweets compared to the previous day. Also, in contrast to the previous week, there was just [one other](#) @waltshaub tweet (100+ RTs) present in the top ten most-retweeted posts - the majority of new mentions of the related #ShulkinResign were due to this post.
- In review of post-OIG report social media, Mr. Shaub's tweets made a significant impact on VA social media over the past few weeks. Two of his posts, the most-retweeted mentioned above and another post from [15 Feb.](#) exceeded 5k RTs and [#ShulkinResign](#) garnered over 5.6k mentions. However, it is important to note, few tweets outside @waltshaub activity used the hashtag.
- The most shared URL on Twitter, since the release of the OIG report, linked to the 20 Feb. [Politico article](#)+
- titled, "Shulkin says he has White House backing to purge VA," which received over 4k shares.
- Overall, Facebook user engagement was low. An exception to this general trend was the [Veteran of the Day](#) post, which garnered a nominal level of engagement with 500+ reactions.

Twitter and Facebook Volume: 8 February – 22 February



Notable Social Media Items

Platform	Item	Relevance
Twitter	Topic: OIG findings on Secretary Shulkin's European travel	24% of Volume
Twitter	#ShulkinResign	190+ Mentions
Facebook	Veteran of the Day: Ralph Joseph Cavalieri (USA)	500+ Reactions, 120+ Shares

OPIA003112

From:

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 23 February Veterans Affairs Media Summary and News Clips

Date: Fri Feb 23 2018 04:17:29 CST

Attachments: 180223_Veterans Affairs Media Summary and News Clips.docx
180223_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.10678.453373-000001

Owner: (b) (6)

Filename: 180223_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Fri Feb 23 04:17:29 CST 2018



Veterans Affairs Media Summary and News Clips

23 February 2018

1. [Top Stories](#)

1.1 - Washington Post: [This simple technological fix helped veterans get health benefits](#)

(22 February, Henry Farrell, 43.9M uvm; Washington, DC)

When people are hired, they can land at our headquarters in the Office of Management and Budget, or they can go directly to agencies. We have groups at the Department of Defense, Veterans Affairs, Department of Homeland Security, General Services Administration, and we also are engaged with the Small Business Administration as well as Health and Human Services. We also talk to people at other departments if they have specific questions. We have a unified hiring pipeline...

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Indiana VA Center Priority for Fiscal 2019](#) (22

February, 24M uvm; Washington, DC)

The U.S. Department of Veterans Affairs has ranked an Indiana building as one its highest-priority construction projects. The proposed VA budget for fiscal year 2019 ranks the construction of a "West Tower" at the Fort Wayne VA Medical Center as No. 8 on its list of 431 strategic capital investments, The Journal Gazette reported.

[Hyperlink to Above](#)

1.3 - The Hill: [Dems knock Shulkin's 'overly defensive' response to report on Europe trip](#)

(22 February, Rebecca Kheel, 11.8M uvm; Washington, DC)

Four Democrats, including the ranking member of the Senate Veterans' Affairs Committee, said Thursday they are "troubled" by Veterans Affairs (VA) Secretary David Shulkin's "overly defensive" response to a scathing inspector general report about the secretary's trip to Europe last year. In a letter to Shulkin, the senators said he needs to officially tell the inspector general he will comply with all recommendations.

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1.4 - Military.com (Military Update): [VA, Roe Tie Caregiver Benefit Expansion To](#)

[Tightened Eligibility](#) (22 February, Tom Philpott, 9M uvm; San Francisco, CA)

In drafting legislation that would expand comprehensive caregiver benefits to severely injured veterans of all past wars, Rep. Phil Roe (R-Tenn.), chairman of the House Veterans Affairs Committee, directed staff this month to start with the proposal announced by VA Secretary David Shulkin at a Feb. 6 committee hearing.

[Hyperlink to Above](#)

1.5 - The Tennessean (USA Today Network – Tenn., Video): [Ketamine to treat opioid addiction? Murfreesboro VA doctor finds new use for club drug](#) (22 February, Jake Lowary,

2.1M uvm; Nashville, TN)

A doctor at the Murfreesboro veterans hospital is using a drug once associated with nightclub party scenes to treat opioid addiction. The Department of Veterans Affairs is calling the new treatment regimen from Dr. Randall Malchow, an anesthesiologist at the Alvin C. York hospital in Murfreesboro, "innovative" for its use of ketamine, a heavy anesthetic known as "Special K" and long associated with club party scenes and recreational abuse.

[Hyperlink to Above](#)

1.6 - Stars and Stripes: [Senators troubled by VA secretary's response to IG report, ask for transparency](#) (22 February, Nikki Wentling, 1.5M uvm; Washington, DC)

Four Democratic senators said Thursday that they are troubled by Department of Veterans Affairs Secretary David Shulkin's response to findings of ethical violations connected to his taxpayer-funded trip to Europe last summer. In a letter to Shulkin, Sens. Jon Tester, D-Mont., Richard Blumenthal, D-Conn., Tammy Baldwin, D-Wisc., and Bob Casey, D-Penn., asked for more transparency from Shulkin, which they said is necessary to regain the trust of Congress, veterans and taxpayers.

[Hyperlink to Above](#)

1.7 - Stars and Stripes: [Trump plans to nominate Army veteran Paul Lawrence as undersecretary for VA benefits](#) (22 February, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump announced plans Wednesday night to nominate a longtime management consultant to fill a top spot at the Department of Veterans Affairs that's remained unfilled for nearly three years. Paul Lawrence, vice president of the consulting firm Kaiser Associates in Washington, will be the VA's new undersecretary for benefits if he's confirmed by the Senate.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - WFED (AM-1500): [Infrastructure, artificial intelligence and other congressional efforts you may not have heard about](#) (22 February, Steff Thomas, 831k uvm; Washington, DC)

Reps. Gus Bilirakis (R-Fla.), Scott Peters (D-Calif.), Annie Kuster (D-N.H.) and Mike Coffman (R-Colo.) proposed legislation on Feb. 15 to create a pilot program from partnerships between the Veterans Affairs Department and federally qualified health centers (FQHC). FQHCs are non-profit medical organizations located in under-served areas in the U.S.

[Hyperlink to Above](#)

2.2 - Pacific Daily News (Video): [Our View: Northern Marianas deserves its own Vet Center](#) (23 February, 141k uvm; Hagatna, GU)

The Department of Veterans Affairs should work with the Commonwealth of the Northern Marianas government to establish a Vet Center to ensure veterans living in Saipan, Tinian and Rota get the services and help they need. The Guam Vet Center will be going to the Northern Marianas starting next week to do needs assessments with veterans...

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3. [Modernize Our System](#)

3.1 - Politico: [The comments keep on coming](#) (22 February, Darius Tahir, 23.9M uvm; Arlington, VA)

The Department of Veterans Affairs is partnering with Alphabet subsidiary DeepMind to develop models powered by machine learning to predict patient deterioration. The department's press release includes one notable example of such deterioration: acute kidney injury. DeepMind may have particular expertise in that area: the company previously partnered with the NHS to develop an app called "Streams," which attempted to predict kidney failure.

[Hyperlink to Above](#)

3.2 - Pittsburgh Tribune-Review: [VA system in Pittsburgh uses tech to upgrade medicine model](#) (22 February, Mary Ann Thomas, 1.5M uvm; Pittsburgh, PA)

Given its traditionally large segment of elderly patients, the VA Pittsburgh Healthcare System has developed innovative programs for senior care. One example is "Telehealth," which, via digital technology, connects veterans in their homes with VA facilities' physicians, practitioners, psychiatrists and other health care experts.

[Hyperlink to Above](#)

3.3 - MobiHealthNews: [DeepMind partners with VA to identify risks during hospital stays](#) (22 February, Dave Muoio, 188k uvm; New York, NY)

The Department of Veterans Affairs has announced a research partnership with Alphabet subsidiary DeepMind that will tackle issues concerning patient deterioration during hospital care. Using a dataset comprised of 700,000 historical, de-personalized health records, the machine learning platform will help the VA identify risk factors for deterioration while predicting its onset.

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3.4 - FedScoop: [The VA wants to use machine learning to detect patient deterioration](#) (22 February, Zaid Shoorbajee, 57k uvm; Washington, DC)

The Department of Veterans Affairs wants to explore how machine learning can help predict the onset of patient deterioration. The department announced Wednesday a partnership with DeepMind to conduct medical research on deterioration, which generally happens when, despite providing care, medical staff fail to notice that a patient's condition is worsening.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - Politico: [Shulkin says he has White House backing to purge VA \(Corrected Story\) - The embattled Cabinet head said he's investigating what he called 'subversion.'](#) (20

February, Arthur Allen, 23.9M uvm; Arlington, VA)

The White House has given Veterans Affairs Secretary David Shulkin the green light to quash an internal rebellion among conservative foes of his leadership, he told POLITICO late Tuesday. The embattled Cabinet head said he'd begun investigating what he called "subversion" at the agency, and those who have defied his authority "won't be working in my operation."

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4.2 - Miltiary.com: [Alaska Music Therapy Program Treats TBI, PTSD](#) (22 February, Amy Bushatz, 9M uvm; San Francisco, CA)

A program connecting troops and patients at the local Department of Veterans Affairs hospital with music therapy has been so successful that it is the subject of a summit Thursday between local military and veteran officials, state arts experts and the head of the National Endowment for the Arts (NEA).

[Hyperlink to Above](#)

4.3 - The Plain Dealer: [Buildings at Cleveland VA sell for \\$160M to \\$170M, cutting ties tainted by corruption scandal](#) (22 February, Michelle Jarboe, 4.5M uvm; Cleveland, OH)
An out-of-state investment firm has purchased three buildings and land at the Louis Stokes Cleveland VA Medical Center, in a \$160 million to \$170 million deal that cuts lingering ties between the VA and the family of a contractor jailed as part of a major corruption scandal.

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4.4 - Pittsburgh Tribune-Review: [VA Pittsburgh presents nurse practitioner with first I CARE award](#) (22 February, Brian Bowling, 1.5M uvm; Pittsburgh, PA)
The VA Pittsburgh Healthcare System kicked off its I CARE Award program by recognizing a nurse practitioner who created 200 handmade thank you cards for Veterans Day. Evelyn Zimmerly, an 18-year employee who works in Surgery Services, collaborated with her sister, Jacqueline Kabel. Kabel started The Red, White & Blue Card Company...

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4.5 - Fayetteville Observer: [Our View: Shulkin should continue as VA secretary](#) (22 February, Editorial Board, 439k uvm; Fayetteville, NC)
David Shulkin is under fire, which is the experience that a lot of Veterans Affairs secretaries have had in recent years. The VA is no simple management project. It never has been. And the nation's longest-ever wars in Afghanistan and Iraq have added many thousands more combat veterans whose physical and mental health issues would challenge any health-care organization.

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4.6 - KXXV (ABC-25, Video): [Veterans voice concerns to VA officials at town hall meeting](#) (15 February, Taylor Durden, 56k uvm; Waco, TX)
The VA hosts town hall meetings similar to this every few months. "We're in the healthcare business. This is a people business. So it's important for us to come out, interact with our veterans face to face. They get to know who we are, we get to know who they are and work through their issues together," Christopher Sandles, Director of the Central Texas Veterans Health Care System, said.

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4.7 - Milwaukee Independent: [VA Photography Program Brings Healing To Milwaukee Veterans With Health Disorders](#) (22 February; Milwaukee, WI)
Veterans who participated in "Exploring the Milwaukee Community through Photography" exhibit attended a meet-and-greet event on February 13, talking with members of the public about their images. The photos have been on display in the Freedom Gallery, a space in the lower level of the Milwaukee County War Memorial.

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5. Improve Timeliness of Service

5.1 - WTVF (CBS-22, Video): [VA Doctor Says Club Drug Could Be Key In Opioid Battle](#) (22 February, Sarah McCarthy, 854k uvm; Nashville, TN)

"These patients have had a long journey with pain and opiates, and they've often given up on life," said Dr. Randall Malchow, an anesthesiologist at the Murfreesboro VA campus. "There's anxiety and depression commingled in with unemployment, loss of productivity, and obesity. So to have an impact that is life-changing is tremendous."

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5.2 - WFLA (NBC-8, Video): [Veteran left in near vegetative state after computer at Bay Pines stops prescription, daughter says](#) (22 February, Steve Andrews, 692k uvm; Tampa, FL)

A Pinellas woman was shocked to learn her father's medication for a traumatic brain injury was stopped by a computer at the Bill Young Medical Center at Bay Pines, and as a result, she says her father was left in a near vegetative state. Barr's daughter and caregiver Brandye Jackson sits down with News Channel 8's Steve Andrews.

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5.3 - WGCL (CBS-46, Video): [Report: Atlanta VA has over 37,000 claims to review](#) (22 February, Natalie Rubino, 587k uvm; Atlanta, GA)

According to the VA's "Monday Morning Work Load" report, right now the Atlanta VA has 37,751 claims to review. That number includes disability claims, benefit claims and burial claims, but what it doesn't include are appeals claims. Right now Atlanta has 16,112 appeals that need review and only three teams for the task. Situated off of Clairmont Road in Dekalb County, Atlanta's VA office is dealing with a staggering case load.

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5.4 - Chattanooga.com: [VA Tennessee Valley Healthcare System Using New Treatment For Opioid Dependency](#) (22 February, Chris Vadnais, 449k uvm; Chattanooga, TN)

These are the words of a veteran who was shot in the hip in Vietnam nearly 50 years ago and has suffered from Complex Regional Pain Syndrome (CRPS) Type II, ever since. He started taking opioids in 2010 to treat his chronic pain and post-traumatic stress. His body eventually built up a tolerance and the medication started to affect his mood, and he decided he no longer wanted to take opioids

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5.5 - New Hampshire Public Radio (Audio, Video): [N.H. Vet Becomes First Fitted With Two 'LUKE' Arms](#) (22 February, Peter Biello, 151k uvm; Concord, NH)

Engineers, doctors and officials with the Department of Veterans Affairs demonstrated Thursday how new prosthetic arm technology is working for one New Hampshire veteran. The hope is that what works for this veteran will work for others. Ron Currier, 63, describes himself as a country boy. He likes to hunt and fish, and he says on a perfect day, he'll walk into the woods...

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5.6 - KOTA (ABC-3, Video): [KOTA News Extra: Secondary PTSD](#) (21 February, 98k uvm; Rapid City, SD)

For some veterans, the battle doesn't end when they come home from combat. Studies find that 20% of Iraq and Afghanistan veterans have PTSD and/or depression. But what the numbers don't tell you is that people who take care of trauma victims can wind up victims themselves.

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5.7 - WCIA (CBS-3): [Man sent to VA for mental health evaluation, Asked deputies for help making arrests](#) (22 February, Emily Braun, 85k uvm; Champaign, IL)

A man accused of impersonating a police officer in Edgar County is undergoing a mental health evaluation at the VA, in Vermilion County. 40-year old Justin Hefner is accused of impersonating a public official, unlawful use of a weapon and unlawful use of body armor. He was supposed to be in court Thursday, but was transferred to the VA.

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6. [Suicide Prevention](#)

6.1 - KAMR (NBC-4, Video): [Raising Awareness for Veteran and First Responder Suicides](#) (22 February, Judd Baker, 54k uvm; Amarillo, TX)

22 Veterans and first responders commit suicide every day. Thursday some people rode their motor-vehicles to raise awareness. Save the Veterans 22 Amarillo is dedicated to preventing and raising awareness for first responder and Veteran suicide. The 22nd of every month at 2:22 p.m., the group runs from the Texas Panhandle War Memorial on I-27 and Georgia all the way to the Thomas E. Creek V.A. Medical Center.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Home HQ): [Caught in the 'churn'? Take these steps to limit your loan-related solicitations](#) (22 February, Kevin Lilley, 2.1M uvm; Springfield, VA)

One day, you've closed your VA-backed loan. The next day, your new house is filled with refinance offers, and your voicemail and email inboxes might not be far behind. Moves to limit rapid refinances, especially those where the borrower's expected savings vanish in the fine print, are underway on multiple fronts. But those pushes, targeting what's become known as 'churn,' won't save your mailbox from overcrowding.

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7.2 - Leavenworth Times: [VA patients treated to day on the slopes](#) (22 February, Mark Roundtree, 49k uvm; Leavenworth, KS)

A nonprofit organization that advocates for the U.S. Army recently provided funding to assist patients at the domiciliary at the Eisenhower VA Medical Center with their rehabilitation program. And have a little fun too. The Henry Leavenworth Chapter of the Association of the United States Army (AUSA) donated \$750 to Midwest Adaptive Sports so that patients at the VA could enjoy a day of skiing at Snow Creek ski resort in Weston, Missouri.

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7.3 - WVIK (NPR-90.3): [Ashford Loses GI Bill Eligibility](#) (22 February, Michelle O'Neill, 17k uvm; Rock Island, IL)

Ashford University no longer qualifies to receive G-I Bill benefits for its students. Illinois US Senator Dick Durbin says an agency in California has denied the company's application to remain eligible for funding. The for-profit school is based in California.

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8. [Other](#)

8.1 - WGNS (AM-1450, Audio): [Tennessee Valley Healthcare System youth volunteer from Rockvale earns \\$20,000 VA scholarship](#) (22 February, 47k uvm; Murfreesboro, TN)

17-year-old Leanna Edwards of Rockvale, Tennessee has earned the top award of \$20,000 in the Department of Veterans Affairs (VA) 2018 James H. Parke Memorial Youth Scholarship Award program.

[Hyperlink to Above](#)

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[1. Top Stories](#)

1.1 - Washington Post: [This simple technological fix helped veterans get health benefits](#)
(22 February, Henry Farrell, 43.9M uvm; Washington, DC)

The U.S. Digital Service has taken on the task of helping the federal government adapt to new technologies. I interviewed Matt Cutts, the head of the service, about what the organization does.

HF: So where did the U.S. Digital Service come from?

MC: The origin of the U.S. Digital Service was sparked by Healthcare.gov. Unfortunately, the initial website for enrollment did not live up to the task. A dedicated cadre of people came together and worked with people in the government to ensure that the website could handle the load and traffic. That experience sparked the insight that when important decisions were being made, you needed people in the room who can make sure that a technical viewpoint is represented.

We have seen the U.S. Digital Service help with all kinds of firefighting and emergencies. We have been honored and privileged to help with that. We've also seen the value of preventative work, when we can come in earlier on a project and give advice or consult with partners in the government about ways to organize the architecture or system and bring in industry best practices to ensure a project is likely to succeed.

HF: Where do people who work for the U.S. Digital Service come from?

MC: They come from across the country. The stereotype is that the U.S. Digital Service brings people from A-list technology companies like Google, Amazon and Facebook and Twitter. There is some truth to that — we have had people from all those companies. But we want to represent the entire American public, so we also recruit from across the country. We don't just want to reflect the viewpoint of Silicon Valley, and we do better when we reflect a lot of viewpoints, including people who have come from contractors and government, who often have understanding of how to deal with barriers and obstacles. A brilliant designer can be paired with an engineer who understands how procurement or contracting works. Our ideal person has the technical skills but also the emotional intelligence to say, 'Here is why the current system isn't working, and here is how you can change or channel that to get to a better outcome.'

HF: So which agencies do you work with?

MC: When people are hired, they can land at our headquarters in the Office of Management and Budget, or they can go directly to agencies. We have groups at the Department of Defense, Veterans Affairs, Department of Homeland Security, General Services Administration, and we also are engaged with the Small Business Administration as well as Health and Human Services. We also talk to people at other departments if they have specific questions. We have a unified hiring pipeline — anyone can go to [USDS.gov/join](https://usds.gov/join) if they want to find out more about the U.S. Digital Service. We do our own interviews and résumé scoring and work with partners on hiring.

HF: So do people do a tour of duty with you and then perhaps go back into the private sector?

MC: Yes, but we also practice something called commitment escalation. We ask people to join our team for short-term tours, but we find they get hooked on the great impact of their work on the lives of American people and decide to stay for longer. The other thing that is interesting is that people come here and go back to private industry with a better understanding of how government works and how it thinks. Often, the U.S. Digital Service is a great change for people personally — they change their life plan, sometimes move across the country and decide to go into civic technology, or stay in government service. That is truly heartening, to see someone who originally wanted to go back to industry and then decides to pursue a different goal.

HF: So what have people done in the U.S. Digital Service to change things?

MC: We had, for example, a form called the 10-10EZ form, which veterans need to fill out to request health benefits. The forms needed the right version of Internet Explorer — and it had to be Internet Explorer — and the right version of Adobe Acrobat. If you didn't have the right versions, you would get an incorrect error message, telling you that you had to update your version of Acrobat, when in fact it had to be downgraded. Only 8 percent of people were filling out the form online. So the Digital Service worked with partners at Veterans Affairs to deploy a Web form that would work on mobile phones and be accessible via a screen reader. The number of people who applied online for benefits spiked up remarkably. With the paper form, the average wait time was 137 days. With this new form, 50 percent of veterans find out whether they are eligible within 10 minutes. It feels immensely gratifying to know that a small change — making a form accessible — can have such a positive impact on the lives of many people.

We also bring in industry best practices such as bug bounties: paying researchers who find security holes, because you don't want the vulnerability being sold on the black market. Most major tech companies offer bug bounties, but the federal government had never done one, and some people worried that reporting a vulnerability to government would get them into trouble. A group at the Defense Digital Service, which is the branch of the U.S. Digital Service at the Pentagon, did a bug bounty called "Hack the Pentagon." People were nervous at first, but we took them through the process, and people found bugs cheaper and faster, finding important bugs. With its success, we then had Hack the Army, Hack the Air Force, and had a classified bug bounty. In each case it worked, and the researchers who found the bugs were trustworthy. Some of the holes that were found were very serious — but because they were immediately reported, the vulnerabilities were closed, rather than found and exploited.

HF: There are many places where government interfaces could be improved.

MC: Yes. It's understandable that the user experience is not always the highest priority in government. What we find is that acting as a voice for the user and helping design the interfaces with users is often exactly what is needed. For the 10-10EZ form, we found a homeless veteran named Dominic and recorded him trying to use the old form and describing what it was like. We have the video where he talks about how it was as if the old form was hidden behind spikes and IEDs. That was very compelling, because everyone wants to do the right thing, but sometimes it helps to have that reminder.

HF: The federal procurement system is sometimes not hugely efficient — are there ways to mitigate this?

MC: The U.S. Digital Service sees a lot of projects at a lot of agencies, including projects involving contractors. Contractors often want to do the right thing and use the best technologies, and part of the obstacle is providing them with the right requirements by writing the contract the right way or moving away from a model where you draft all the requirements at the outset toward an agile model of iterating quickly. We have many experiences where contractors are happier because they can work in ways that are closer to the tech industry. In my experience, everyone wants to write the best thing they can. So finding and dealing with those obstacles can unlock a more effective and efficient experience for both sides.

HF: You came from Google, which works by applying machine learning to big problems. The U.S. government has a lot of data but doesn't use those techniques to the same extent. What opportunities are there to change things?

MC: We see data scientists in places like the Office of the Inspector General at Health and Human Services. At the same time, other parts of government work in silos, making it hard to work together. Some of that is by design, thanks to the U.S. Privacy Act, and there are good reasons why you might not want information to be too readily available or combined. There is the potential for very solid wins through straightforward changes. Someone asked me at a conference panel what I thought about blockchain in government. I replied that if we could just tackle paper, I would be happy. There is room to think about machine learning and predictive analytics, but a lot of what is to be done is the "block and tackle" work of ensuring that government information starts digitally, so you avoid transcription errors and typos. There are so many gains to be had just from starting there.

This article is one in a series supported by the MacArthur Foundation Research Network on Opening Governance that seeks to work collaboratively to increase our understanding of how to design more effective and legitimate democratic institutions using new technologies and new methods. Neither the MacArthur Foundation nor the Network is responsible for the article's specific content. Other posts in the series can be found [here](#).

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1.2 - U.S. News & World Report (AP): [Indiana VA Center Priority for Fiscal 2019](#) (22 February, 24M uvm; Washington, DC)

FORT WAYNE, Ind. (AP) — The U.S. Department of Veterans Affairs has ranked an Indiana building as one its highest-priority construction projects.

The proposed VA budget for fiscal year 2019 ranks the construction of a "West Tower" at the Fort Wayne VA Medical Center as No. 8 on its list of 431 strategic capital investments, The Journal Gazette reported.

Tom Blackburn is the public affairs officer for the VA Northern Indiana Health Care System. He said plans are being drafted for the 27,000-square-foot, two-story addition to the main patient building.

Blackburn said the addition would mirror an ongoing construction project on the southeast side of the building, which calls for a sterilization processing facility for medical instruments and primary-care areas.

Construction would likely begin in fiscal 2021 and would be completed two years later.

The estimated cost of the project is \$17.6 million. The budget for fiscal 2019 requests a total of \$1.76 million. The budget requires congressional approval.

The budget also includes replacing the Fort Wayne VA center's boilers on its 422 non-recurring maintenance projects. It ranks 82nd in national priority and would cost \$9.9 million. Ranked much lower is a basement remodel that Blackburn said would include a radiology suite, and the replacement of underground utilities and parking reconfiguration for nearly \$8.3 million.

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1.3 - The Hill: [Dems knock Shulkin's 'overly defensive' response to report on Europe trip](#) (22 February, Rebecca Kheel, 11.8M uvm; Washington, DC)

Four Democrats, including the ranking member of the Senate Veterans' Affairs Committee, said Thursday they are "troubled" by Veterans Affairs (VA) Secretary David Shulkin's "overly defensive" response to a scathing inspector general report about the secretary's trip to Europe last year.

In a letter to Shulkin, the senators said he needs to officially tell the inspector general he will comply with all recommendations.

"We have read the inspector general's (IG) report related to your international trip in the summer of 2017 and want to be clear about our disappointment in what was clearly a considerable lack of judgment," they wrote. "Further, we are troubled by the overly defensive response from you and Deputy Secretary [Thomas] Bowman as published in the report, which indicated a lack of understanding or appreciation for the high standard to which you are held as a Cabinet official.

"To restore the trust of veterans, taxpayers and Congress, it is absolutely critical that you officially respond to the IG and confirm your immediate intention to comply with all five recommendations, to the fullest extent possible."

The letter was signed by Veterans' Affairs Committee ranking member Sen. Jon Tester (D-Mont.), committee member Sen. Richard Blumenthal (D-Conn.) and Sens. Tammy Baldwin (D-Wis.) and Bob Casey Jr. (D-Pa.).

The VA's inspector general issued a report last week finding that Shulkin misused taxpayer dollars during a trip to Europe by spending much of the time sightseeing instead of conducting official business; having a VA employee use official time acting as a personal travel planner; and inappropriately accepting Wimbledon tennis match tickets.

The report also said Shulkin's then-chief of staff doctored an email to gain approval to use taxpayer dollars to pay for Shulkin's wife to accompany him.

In his official response to the inspector general, Shulkin submitted a 16-page rebuttal from his lawyers, as well as his own letter that said the report "draws conclusions based on subjective and arbitrary criteria."

“It is outrageous that you would portray my wife and me as attempting to take advantage of the government,” Shulkin wrote.

Bowman also submitted an official response letter questioning the objectivity of the report.

Once the report became public, Shulkin said he repaid his wife’s travel and that he would follow the inspector general’s other recommendations. But he’s also suggested since the report’s release that the doctored email was the result of a hack and has blamed criticism on internal divisions at the department and with White House officials.

In their letter, which a spokeswoman for Veterans' Affairs Committee Democrats said was written after the senators “fully reviewed” the report, the senators asked Shulkin for the total amount he has repaid for the trip.

They also urge a “full and complete” audit of all expense, authorization and documents associated with the trip.

The senators also asked Shulkin to task Bowman with a broad, top-to-bottom review of the department’s travel policies.

“If these policies are found to be lacking, we expect that clarifying guidance will be issued and updated training will be provided,” they wrote. “If, however, there were appropriate policies in place that were not followed, we expect that administrative action be considered against any and all levels of employees who did not comply with guidelines or who may have pressured others not to comply.”

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1.4 - Military.com (Military Update): [VA, Roe Tie Caregiver Benefit Expansion To Tightened Eligibility](#) (22 February, Tom Philpott, 9M uvm; San Francisco, CA)

In drafting legislation that would expand comprehensive caregiver benefits to severely injured veterans of all past wars, Rep. Phil Roe (R-Tenn.), chairman of the House Veterans Affairs Committee, directed staff this month to start with the proposal announced by VA Secretary David Shulkin at a Feb. 6 committee hearing.

Shulkin said he supports extending caregiver benefits – which includes a monthly stipend, access to health care insurance, caregiver training, stress counseling and a period of paid respite away from caregiver responsibilities -- to persons caring for veterans catastrophically injured in wars back to World War II.

However, as a condition for making benefits available to veterans injured before the Afghanistan and Iraq wars, Shulkin wants Congress to narrow eligibility criteria. Post-9/11 veterans now qualify for the comprehensive benefits if their physical or mental injuries prevent them from performing one or more activities of daily living, whether bathing, preparing meals or dressing themselves. It’s a level caregiver need medical experts describe as Tier 1.

Shulkin proposes that Congress align the VA plan’s eligibility criteria with other caregiver programs that provide benefits only if those injured cannot perform three or more activities of

daily living, a Tier 3 threshold. He described this as a “more clinically appropriate criteria” than the Post-9/11 law mandated since 2011.

However, Shulkin said the 26,000 caregivers now drawing benefits under that law should be protected from the changes for as long as they meet the looser criteria. He also said the law should more clearly spell out that veterans are eligible for caregiver benefits if they suffer severe cognitive dysfunction.

“I think that’s something we could carry to the Congress and get passed,” Roe told Shulkin after he shared his proposal. No committee member disagreed.

If the VA caregiver program is expanded as Shulkin envisions, an additional 40,000 veterans would be eligible, he said. If current Post-9/11 benefits were extended to older generations unchanged, 188,000 veterans would be eligible.

In the Senate, its veterans affairs committee last December approved and sent to the full Senate the Caring for Our Veterans Act (S 2193), with has provisions to extend the current caregiver program to older generations of war-era veterans in two phases and at an estimated cost of \$3.4 billion over five years. Shulkin’s more restricted plan presumably would cost a quarter of that total.

VA spent \$500 million last year on its comprehensive caregiver program. VA and veteran service groups both contend caregiver benefits actually save the government billions of dollars because home care avoids the greater cost of sending severely injured vets into nursing facilities. A senior VA official said cost-avoidance under Shulkin’s plan could total \$2.5 billion by 2030.

The preference of veteran service organizations is that Congress pass the Senate committee’s caregiver expansion, which they worked closely with Sen. Patty Murray (D-Wash.) to shape and gain the support of her committee colleagues.

At the House hearing, however, Chairman Roe asked representatives of two veterans groups, and a nationwide advocacy group for caregivers, if they could support Shulkin’s call to extend benefits to older generations but also limit eligibility to veterans with Tier 3 conditions.

“We certainly won’t oppose any efforts to expand in any way,” said Sarah Dean of Paralyzed Veterans of America, emphasizing the unmet needs of caregivers for older severely injured veterans. “And if starting with Tier 3 is what we have to do to start [benefits], we absolutely support that.” But she added, “It just won’t be the end of the conversation.”

Steven Schwab, executive director of the Elizabeth Dole Foundation, said it was “encouraging” to hear VA seriously discuss extending benefits to older generations. The Foundation wants “to explore a timeline on how we move beyond Tier 3 and make sure that all pre-9/11 caregivers who need and deserve support with this benefit receive it [but] yeah, I think we’re open to that.”

Adrian Atizado with Disabled American Veterans Congress also didn’t reject Shulkin’s plan, noting that critically important benefits for veterans often start by Congress “making incremental improvements.” But lawmakers shouldn’t delay more actions to ensure every veteran “is equitably treated,” Atizado added.

The Senate committee bill with caregiver expansion language is stalled in that chamber over part of the bill that would modify and extend the Choice program for allowing veterans access to non-VA or community health care. A spokeswoman for Sen. Johnny Isakson (R-Ga.) said the committee chairman continues to support his bill's caregiver expansion plan for older generations of vets. But, said his spokeswoman, Isakson is "happy to take a look at what the House proposes."

Senator Murray, on the other hand, rejects Shulkin's compromise.

"We should be working to expand support for veterans' caregivers, not restricting it even further," Murray said. "I absolutely oppose this...and I will fight against it any way I can in the Senate."

Carlos Fuentes with Veterans of Foreign War said the Senate bill is the ideal and he disagreed with Shulkin that current eligibility rules are too loose.

"Frankly, it doesn't matter how many activities of daily living a veteran isn't able to perform. What matters is if they need the assistance of a caregiver. And there are some cases where being unable to perform one ADL -- eating or going to the bathroom or another activity -- requires the assistance of a caregiver," he said.

"Doctors certainly should receive more guidance as to how to make those determinations," Fuentes said. "But we think that savings [through cost avoidance] can be achieved by extending eligibility criteria as is."

Veteran representatives spent much of their time before the House committee knocking down claims by Republicans that the current caregiver program is widely abused or offers benefits duplicative of other VA programs.

Two weeks after hearing, Roe said he supports expanding the caregiver program to older generations but "we must have an honest conversation about the right balance between both the cost and clinical appropriateness of any expansion."

Therefore, he will hold a roundtable discussion with veteran service organizations and members of the House and Senate committees to get feedback on his proposed legislation. That will be followed by a televised hearing where he plans to move caregiver expansion legislation forward to the full House.

Caregivers of older generations should recognize now that it's up to Congress to act, Shulkin suggested.

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1.5 - The Tennessean (USA Today Network – Tenn., Video): [Ketamine to treat opioid addiction? Murfreesboro VA doctor finds new use for club drug](#) (22 February, Jake Lowary, 2.1M uvm; Nashville, TN)

A doctor at the Murfreesboro veterans hospital is using a drug once associated with nightclub party scenes to treat opioid addiction.

The Department of Veterans Affairs is calling the new treatment regimen from Dr. Randall Malchow, an anesthesiologist at the Alvin C. York hospital in Murfreesboro, "innovative" for its use of ketamine, a heavy anesthetic known as "Special K" and long associated with club party scenes and recreational abuse.

The VA announced the new treatment regimen in a news release on Thursday. Ketamine has been linked as a medical alternative treatment to depression, and now opioid addiction, and has long been used as a anaesthetic for surgical procedures.

The VA said that an unnamed veteran, who was shot in the hip 50 years ago in Vietnam, developed a dependency and tolerance to the opioids used to treat his Complex Regional Pain Syndrome (CRPS) Type II condition.

"I tried to get off by myself, but I couldn't," the news release quotes the veteran as saying. "I was sick as a dog every time I tried. I was fed up, and I told my doctor they had to do something."

The treatment regimen takes a new approach to a growing use of ketamine, Malchow said, and has shown a 74 percent success rate.

"Ketamine has the effect of resetting excited pain receptors, allowing patients to feel pain in a normal way — a manageable way," he said in the release.

The opioid epidemic has killed tens of thousands nationwide in overdoses, and lawmakers at the state and federal levels have pledged to introduce reforms to help reduce dependency and over-prescription.

In Tennessee, deaths have continued to increase, and prescriptions have outnumbered citizens in past years. Gov. Bill Haslam, in his final year in Nashville, has placed the issue at the top of his legislative agenda for 2018.

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1.6 - Stars and Stripes: [Senators troubled by VA secretary's response to IG report, ask for transparency](#) (22 February, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON – Four Democratic senators said Thursday that they are troubled by Department of Veterans Affairs Secretary David Shulkin's response to findings of ethical violations connected to his taxpayer-funded trip to Europe last summer.

In a letter to Shulkin, Sens. Jon Tester, D-Mont., Richard Blumenthal, D-Conn., Tammy Baldwin, D-Wisc., and Bob Casey, D-Penn., asked for more transparency from Shulkin, which they said is necessary to regain the trust of Congress, veterans and taxpayers.

"[We] want to be clear about our disappointment in what was clearly a considerable lack of judgement," they wrote. "Further, we are troubled by the overly defensive response from you... which indicates a lack of understanding or appreciation for the high standard to which you are held as a Cabinet official."

VA Inspector General Michael Missal released findings Feb. 14 that Shulkin improperly accepted tickets to a tennis match at Wimbledon for himself and his wife, Dr. Merle Bari, on an

official trip to Copenhagen and London for a veterans summit with allied countries. Further, much of the trip was spent sightseeing, the report states, and a VA employee used official time acting as a personal travel concierge to Shulkin and Bari.

Investigators discovered VA Chief of Staff Vivieca Wright Simpson misled an ethics official into approving travel expenses for Bari. Wright Simpson announced her retirement two days after the release of the IG report.

Senators wrote the letter after reading the report in full, said Cassie Byerly, press assistant with the Senate Committee on Veterans' Affairs. The report is 97 pages, with a 16-page rebuttal from Shulkin's lawyers.

In the rebuttal, Shulkin's lawyers said they have "grave concerns" about the report, which they argued ignored critical facts, presented a one-sided version of events and was factually and logically flawed.

In his own letter, Shulkin accused Missal of bias and said he was "deeply concerned" about how the office conducted the investigation.

"A report of this nature is a direct assault on my spouse, my character, and my unblemished record of service to the Veterans Affairs Administration," he wrote.

VA Deputy Secretary Thomas Bowman also sent a letter in response to the report, in which he questions whether the IG's investigation was complete and objective. Tester, Blumenthal, Baldwin and Casey said they thought Bowman's response, like Shulkin's, was overly defensive.

The day that the report was released, Shulkin said he repaid the U.S. Treasury for Bari's travel expenses. The senators asked him Thursday to inform them of the total amount paid. They also asked him to list reasons and justifications for why each person on the Europe trip was there.

The senators also want a broad review of how the VA handles official travel. If any more wrongdoing is found regarding the Europe trip or other travel, they want action to be taken against "any and all levels of employees."

"We expect a report to be issued to the committees at the conclusion of this top-to-bottom review of travel policies," the senators wrote.

Shulkin needed to comply with their request in order to "restore the trust of veterans, taxpayers, and Congress," they wrote.

For days following the report, it was unclear whether Shulkin would keep his job.

Tensions between political employees installed at the VA and Shulkin, Wright Simpson and Bowman emerged after the IG report was released, and major veterans organizations purported White House insiders were using the moment to interfere in the agency.

The White House has not come out with an official, public statement on the IG report, but some veterans organizations said they have been led to believe Shulkin will not be ousted as a result of the ethical violations or the infighting at the agency.

"I believe that what they've decided to do is move forward," American Legion Executive Director Verna Jones told reporters Wednesday. "We don't know how long it's going to last, but unless something else happens, I think that the decision has been made that David Shulkin is going to remain the secretary."

On Tuesday, Shulkin told Politico that he had the support of the White House to investigate "subversion" within the VA and remove anyone who might be working against him.

Jones and Louis Celli, national director of veterans affairs and rehabilitation at the Legion, said they believed some political appointees were attempting to replace Shulkin and other longtime civil servants in an attempt to privatize the VA health care system. The Legion supports Shulkin's efforts to remove them, they said.

Jones and Celli said parts of the IG report were disingenuous and argued Shulkin's actions were not harmful enough to warrant his removal. They view him as the last bastion keeping Trump's administration from an aggressive expansion of veterans' medical care into the private sector.

"We're not excusing any wrongdoing," Jones said. "But in the big scheme of things, if veterans can get into the VA health care system, if they can get their benefits, if homelessness and unemployment is reduced... sometimes you have to take the punishment that's given to you for what you've done, know better, get better and move on."

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1.7 - Stars and Stripes: [Trump plans to nominate Army veteran Paul Lawrence as undersecretary for VA benefits](#) (22 February, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — President Donald Trump announced plans Wednesday night to nominate a longtime management consultant to fill a top spot at the Department of Veterans Affairs that's remained unfilled for nearly three years.

Paul Lawrence, vice president of the consulting firm Kaiser Associates in Washington, will be the VA's new undersecretary for benefits if he's confirmed by the Senate. First, the Senate Committee on Veterans' Affairs will hold a public hearing with Lawrence. As of Thursday, it was uncertain when the hearing would take place.

"We are glad to have a nominee to serve in this critical role," Sen. Johnny Isakson, R-Ga., said in a statement. "I look forward to learning more about Mr. Lawrence in the coming weeks and chairing his nomination hearing."

The job that Lawrence will be nominated to fill has been vacant since October 2015, when then-undersecretary Allison Hickey resigned after being implicated in a government watchdog report for helping two VA employees manipulate the department hiring system.

Thomas Murphy has been in the role on an interim basis since June 2016.

If confirmed, Lawrence will lead the Veterans Benefits Administration, which comprises 20,000 employees and 56 regional offices nationwide. It's responsible for delivering disability compensation, education benefits and other benefits to millions of veterans and determining

who is eligible to receive them. The benefits amount to roughly \$96 billion distributed to veterans and their families each year.

The benefits administration has come under fire in recent years for its backlog of veterans' appeals for denied claims. The VA now has nearly 324,000 pending claims for benefits, and 79,000 backlogged, meaning veterans have been waiting for decisions for longer than 125 days.

On average, it takes veterans five years to go through the appeals process. Congress made moves last year to address the problem, passing legislation that gives veterans more options to appeal their denied claims. Leading implementation of the new law would fall to Lawrence, if he gets the job.

Lawrence has advised government leaders for 30 years and written multiple books on how to be successful in government. In a December 2016 interview on the TV program Government Matters, Lawrence gave advice to new political appointees in Trump's administration – a position he's now in himself.

"What we learned from our research with political appointees, they often show up with little preparation and while it's not sink or swim, it kind of can feel like that," he said in the interview. "You can do things like learn about the organization and really understand what is the craft of your job you're going to do for the American people, and how do you do it really well."

Lawrence is also an Army veteran. He graduated from Army Airborne School and reached the rank of captain.

Last month, senators questioned VA Secretary David Shulkin about why this position – and other top leadership roles – remained unfilled one year into Trump's presidency.

Besides the undersecretary for benefits, the VA – the second-largest federal department – is operating without a permanent leader for its large health care system. Isakson told Shulkin in January, "I know you're trying, but this is one of those things where an 'A' for effort isn't enough."

The VA created a commission last spring to choose a new undersecretary for benefits. Shulkin told senators in January that the commission sent three names to the White House. Their first choice for the job withdrew, he said.

Filling the position of undersecretary for health – Shulkin's old job – has proven to be more of a challenge. Two separate commissions were created last year to find candidates and both failed to select anyone. Another commission convened in late January and was expected to send three candidates to the White House for consideration.

As of last week, the VA has a new vacancy to fill.

VA Chief of Staff Vivieca Wright Simpson announced her retirement Feb. 16, following findings from VA Inspector General Michael Missal that she misled an ethics official into approving expenses for the VA secretary's wife on a taxpayer-funded trip to Europe.

Peter O'Rourke, who led the VA's new Office of Accountability and Whistleblower Protection, replaced her. The agency is now tasked with finding someone to take O'Rourke's old job of advising the VA secretary on employee discipline.

More people at the VA could find themselves without jobs soon. Divisions between Shulkin and political appointees at the VA emerged following the public release of the IG's findings last week. Shulkin has since declared his intent to root out any subversion at the agency.

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2. [Greater Choice for Veterans](#)

2.1 - WFED (AM-1500): [Infrastructure, artificial intelligence and other congressional efforts you may not have heard about](#) (22 February, Steff Thomas, 831k uvm; Washington, DC)

Budgets, immigration reform and gun control may be sucking up all the oxygen on Capitol Hill right now, but some lawmakers are still carving out time to address issues that federal agencies and contractors are confronting, like infrastructure, veterans' access to health care and artificial intelligence. Here are three bills to keep your eye on.

[...]

VA Choice Program

Reps. Gus Bilirakis (R-Fla.), Scott Peters (D-Calif.), Annie Kuster (D-N.H.) and Mike Coffman (R-Colo.) proposed legislation on Feb. 15 to create a pilot program from partnerships between the Veterans Affairs Department and federally qualified health centers (FQHC).

FQHCs are non-profit medical organizations located in under-served areas in the U.S.

"Veterans in New Hampshire and around the country have faced unacceptable barriers in access to care, especially in rural communities," Kuster said in a Feb. 16 press release. "Expanding access to care outside of VA through the Choice Program was a step in the right direction but unfortunately, Choice has not delivered effectively for all veterans."

The VA Community Care Enhancement Act would expand the Veterans Choice program benefits to reach rural communities outside of the direct VA network. If passed, the pilot program will start with five under-served communities across the country.

Lawmakers said forming these partnerships between veterans in rural areas and FQHCs will help solve some of the challenges facing VA in terms of access, accountability, transparency and cost.

"Community health centers in my district have a proven track record of delivering outstanding, comprehensive health care in a cost effective manner," Bilirakis said in a press release. "They offer a wide array of services including primary care, dental services, mental health and substance abuse treatment. If veterans are unable to receive the quality of care they deserve within the VA system, I want them to have the choice to take advantage of the value that community health centers offer without encountering bureaucratic barriers."

The eligible centers would be chosen and regulated by the Health Resources and Services Administration.

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2.2 - Pacific Daily News (Video): [Our View: Northern Marianas deserves its own Vet Center](#) (23 February, 141k uvm; Hagatna, GU)

The Department of Veterans Affairs should work with the Commonwealth of the Northern Marianas government to establish a Vet Center to ensure veterans living in Saipan, Tinian and Rota get the services and help they need.

The Guam Vet Center will be going to the Northern Marianas starting next week to do needs assessments with veterans, and will offer counseling through visits and teleconference beginning in March, according to a news release from Northern Marianas Del. Gregorio Kilili Camacho Sablan.

“The Department of Veterans Affairs’ Vet Centers provide veterans, service members, and their families with a wide range of mental health and social services at no cost,” Sablan said. “These outreach visits by the Guam Vet Center are an important first step in the right direction. Our ultimate goal is to establish a Vet Center of our own, right here in the Northern Marianas,” he added.

Vet Centers serve as access points to the full range of VA services, including health care, benefits, education and readjustment counseling, according to Guam Vet Center Director Dr. Edward Santos.

“Our motto is ‘Keeping the Promise’ and veterans are given a welcome home and may walk on in at any time to a Vet Center,” Santos said. “Having a Vet Center in the Northern Marianas will be a critical bridge in accessing VA services.”

The veterans living in the Northern Marianas served the United States. They earned the benefits and services all veterans are due, and shouldn’t have to fly to Guam or elsewhere to access those services. They deserve a Vet Center of their own.

We commend the Guam Vet Center for reaching out to help veterans in the Northern Marianas, and Sablan for his efforts to ensure those veterans get better access to VA services.

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3. [Modernize Our System](#)

3.1 - Politico: [The comments keep on coming](#) (22 February, Darius Tahir, 23.9M uvm; Arlington, VA)

VA PARTNERS WITH ALPHABET SUBSIDIARY: The Department of Veterans Affairs is partnering with Alphabet subsidiary DeepMind to develop models powered by machine learning to predict patient deterioration. The department's press release includes one notable example of such deterioration: acute kidney injury. DeepMind may have particular expertise in that area: the company previously partnered with the NHS to develop an app called "Streams," which attempted to predict kidney failure.

But that partnership became mired in privacy concerns, and the company said last November that the resulting software doesn't use artificial intelligence at all. Apparently it's time for an old college try stateside.

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3.2 - Pittsburgh Tribune-Review: [VA system in Pittsburgh uses tech to upgrade medicine model](#) (22 February, Mary Ann Thomas, 1.5M uvm; Pittsburgh, PA)

Given its traditionally large segment of elderly patients, the VA Pittsburgh Healthcare System has developed innovative programs for senior care.

One example is "Telehealth," which, via digital technology, connects veterans in their homes with VA facilities' physicians, practitioners, psychiatrists and other health care experts.

Three years ago, the VA started its Dementia Telehealth Clinic. It now has 300 patients from rural areas who have multidisciplinary teams of doctors, including a geriatrician, psychiatrist, social workers and pharmacists, according to Dr. Steven Graham, director of the VA's Geriatric Research Education and Clinical Center.

"In the classical model of medicine, you see various specialists, but in elderly people you no longer have just one problem, you have multiple issues affecting your quality of life," he said.

Compounding the complexity would be if an 80-year-old has a long drive to the Pittsburgh hospital.

Outpatient services are expected to expand with home-bound veterans; the VA will send a doctor and a nurse to the patient's home, Graham said.

"We're just exploring having WiFi-enabled tablets for the dementia patients so we can have virtual visits at home."

The VA has a plethora of programs with the common thread of a team of medical experts treating a single patient, and that will continue, VA officials said.

The elderly's place of treatment, care and lifestyle are changing because of the integrated approach to treatment.

That expanded level of care will continue to expand the prospects for independent living, they say.

"Historically, the process has been linear — from the home to the personal care home to the nursing home," said Nick Haller, associate chief nurse for the VA's Community Living Center.

“Now, since we're seeing more of a collaboration (of medical professionals), somebody may come in for a couple of weeks for rehabilitation and then go back into the community.”

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3.3 - MobiHealthNews: [DeepMind partners with VA to identify risks during hospital stays](#) (22 February, Dave Muoio, 188k uvm; New York, NY)

The Department of Veterans Affairs has announced a research partnership with Alphabet subsidiary DeepMind that will tackle issues concerning patient deterioration during hospital care.

Using a dataset comprised of 700,000 historical, de-personalized health records, the machine learning platform will help the VA identify risk factors for deterioration while predicting its onset.

“Medicine is more than treating patients’ problems,” VA Secretary David J. Shulkin said in a statement. “Clinicians need to be able to identify risks to help prevent disease. This collaboration is an opportunity to advance the quality of care for our nation’s veterans by predicting deterioration and applying interventions early.”

According to the VA, the partnership will first work to uncover risk predictors for the most common conditions experienced during a hospital stay, such as acute kidney injury. The project will then turn to other indicators of patient deterioration.

“We are proud to partner with the [VA] on this important challenge,” Mustafa Suleyman, cofounder of DeepMind, said in a statement. “This project has great potential intelligently to detect and prevent deterioration before patients show serious signs of illness. Speed is vital when a patient is deteriorating: The sooner the right information reaches the right clinician, the sooner the patient can be given the right care.”

DeepMind is no stranger to government healthcare partnerships; the artificial intelligence company partnered with the UK’s National Health Service in 2016 to pilot the health apps Streams and Hark. The former aimed to help doctors more quickly receive information about their acute kidney failure patients, while the latter looked to help organize health information commonly managed with hand-written notes, fax machines, and pagers.

While the NHS partnership appeared to bear fruit, it was also marred by controversy. Within months of announcement, an investigative report from the New Scientist revealed that Google would have access to a wealth of health data without consent from patients. Deepmind and the NHS announced a new agreement addressing the data concerns before the year’s end, although an independent panel report released in July of the next year still shared some concerns.

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3.4 - FedScoop: [The VA wants to use machine learning to detect patient deterioration](#) (22 February, Zaid Shoorbajee, 57k uvm; Washington, DC)

The Department of Veterans Affairs wants to explore how machine learning can help predict the onset of patient deterioration.

The department announced Wednesday a partnership with DeepMind to conduct medical research on deterioration, which generally happens when, despite providing care, medical staff fail to notice that a patient's condition is worsening.

DeepMind — a London-based Alphabet subsidiary that explores wide-ranging applications of artificial intelligence — and the VA plan to use AI to analyze about 700,000 anonymized health records and develop machine learning algorithms that “will accurately identify risk factors for patient deterioration and predict its onset.”

The VA says the partnership will initially focus on detecting early signs of risk. It says that acute kidney injury, for example, can lead to dialysis or death but can be prevented if detected early.

“Medicine is more than treating patients’ problems,” said VA Secretary David Shulkin in a press release. “Clinicians need to be able to identify risks to help prevent disease. This collaboration is an opportunity to advance the quality of care for our nation’s Veterans by predicting deterioration and applying interventions early.”

The VA and DeepMind say that developing machine learning techniques to detect patient deterioration will lead to more proper care for patients. The VA says patient deterioration is the cause of 11 percent of in-hospital patient deaths globally.

DeepMind has in the past worked with the U.K.’s National Health Service on similar projects, like using machine learning to detect early warning signs of blindness.

“This project has great potential intelligently to detect and prevent deterioration before patients show serious signs of illness,” DeepMind co-founder Mustafa Suleyman said in the release. “Speed is vital when a patient is deteriorating: The sooner the right information reaches the right clinician, the sooner the patient can be given the right care.”

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4. Focus Resources More Efficiently

4.1 - Politico: [Shulkin says he has White House backing to purge VA \(Corrected Story\) - The embattled Cabinet head said he's investigating what he called 'subversion.'](#) (20 February, Arthur Allen, 23.9M uvm; Arlington, VA)

Updated 02/22/2018 02:35 PM EST

The White House has given Veterans Affairs Secretary David Shulkin the green light to quash an internal rebellion among conservative foes of his leadership, he told POLITICO late Tuesday.

The embattled Cabinet head said he'd begun investigating what he called “subversion” at the agency, and those who have defied his authority “won’t be working in my operation.”

Shulkin's new chief of staff, Peter O'Rourke, is meeting with each staffer suspected of defying Shulkin "individually and as a group to determine, now that there is a clear direction where we are going, where people are going to stand," he said. "Those who crossed the line in the past are going to have to be accountable for those decisions."

Shulkin and the White House on Friday named O'Rourke, who previously led an accountability office at VA, to replace Vivieca Wright Simpson after she retired last week. An IG report accused her of falsifying an email to get the VA to pay for Shulkin's wife to accompany him on a trip to England and Denmark over the summer.

The IG investigation, which also found Shulkin had improperly accepted Wimbledon tickets from a friend, appears to have brought Shulkin's foes out in the open, seeing an opportunity to drive him out of office over the scathing report. But Shulkin repaid the money and appears to have maintained the White House's backing.

"The White House has been clear they want me focused on the president's agenda, and to do that I have to have the authority to be able to run the organization," Shulkin said after meeting Tuesday with chief of staff John Kelly. "There's never been any deviation from that."

A White House official told POLITICO that Shulkin's job is safe for now, assuming he doesn't do anything to further inflame the controversy surrounding his travel.

Shulkin declined to say how many people were involved in what he described as "subversive events." Several political appointees are believed to have been pushing for his ouster, as have some White House aides. On Feb. 14, White House communications officials ordered Shulkin to remove a statement he had posted on the VA's website, and demanded that VA spokesman Curt Cashour replace it with another.

Shulkin said he didn't fully understand the nature of the uprising. He noted that the Concerned Veterans of America, a Koch brothers-backed group linked to some of Shulkin's White House and VA foes, was among 26 veterans groups that signed off on a bill he negotiated with Congress to expand veterans' access to health care outside VA facilities.

Concerned Veterans has pushed for greater choice for veterans, while Shulkin has been more cautious, not wanting to gut the agency's venerable health services by allowing veterans to get all their care outside the agency.

But Shulkin said he saw the attack as a "classic power struggle" with highly political foes who "saw we had a secretary who'd been working effectively in a bipartisan way" and couldn't tolerate it.

While it is not simple to fire a political appointee, he said, "I don't think everybody's going to remain at the VA."

Shulkin is the only Cabinet-level holdover from the Obama administration who was reappointed by President Donald Trump. He was confirmed with unanimous support. Andrew Restuccia contributed to this report.

CORRECTION: A previous version of this report misidentified who ordered Shulkin to take down a statement on the VA's website and replace it with another. White House officials made the order.

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4.2 - Miltiary.com: [Alaska Music Therapy Program Treats TBI, PTSD](#) (22 February, Amy Bushatz, 9M uvm; San Francisco, CA)

ANCHORAGE, Alaska -- A program connecting troops and patients at the local Department of Veterans Affairs hospital with music therapy has been so successful that it is the subject of a summit Thursday between local military and veteran officials, state arts experts and the head of the National Endowment for the Arts (NEA).

The summit, held on Joint Base Elmendorf-Richardson (JBER), will focus on ways the program can be expanded to support more patients and families in Alaska, officials said at a reception here Wednesday.

Run as a partnership between an NEA program known as Creative Forces and the Defense Department, JBER's program has grown to 50 traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) patients since starting last summer, with about five new referrals each week, said Danielle Vetro-Kalseth, a music therapist who runs the program.

Patients enter the program through a group information session, she said. If they don't think it's the right fit for them, they don't have to continue.

Though music therapy, which can include playing instruments, drumming as a group and singing or examining and writing lyrics, might not seem macho enough for many troops or veterans, she's never had someone leave the program after the information session, she said.

"We always ask them to just come to the intake, see how you like it," Vetro-Kalseth said. "I have not had one person who doesn't continue."

Therapy sessions are offered both in groups and one-on-one, she said. She also works with speech and occupational therapists to use music therapy to help treat memory loss, fine motor skills and word recall, among other issues.

The Creative Forces program, which started almost a decade ago as a therapy program at the National Intrepid Center of Excellence in Washington, D.C., is offered at 12 bases nationwide, and NEA officials hope to expand it even further.

They also want the program here to evolve from an on-base-only offering to serving the community, with local art experts and therapists working together to help troops and veterans.

"It's not just an arts project -- it's the connection between clinical and healing arts therapy and the community piece where our service members and veterans can be in their community, be engaged and also in this arts program," said Jane Chu, who directs the NEA and is here for the summit. "We just think it's a win-win-win."

Alaska presents a unique challenge for connecting community arts programs and on-base resources because the state is so large and rural.

But connecting state-run arts initiatives, community programs and the federal program can help address that challenge, said Benjamin Brown, who heads the Alaska State Council on the Arts.

"The need is infinite, basically, compared to the resources we have," he said. "We are going to link what is currently happening at JBER with communities all across Alaska who can help."

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4.3 - The Plain Dealer: [Buildings at Cleveland VA sell for \\$160M to \\$170M, cutting ties tainted by corruption scandal](#) (22 February, Michelle Jarboe, 4.5M uvm; Cleveland, OH)

CLEVELAND, Ohio - An out-of-state investment firm has purchased three buildings and land at the Louis Stokes Cleveland VA Medical Center, in a \$160 million to \$170 million deal that cuts lingering ties between the VA and the family of a contractor jailed as part of a major corruption scandal.

Real estate records filed Wednesday show that affiliates of CGA Capital, based in Maryland, recently bought the VA's administration building, a 2,000-space parking garage and a 122-bed housing complex that serves homeless veterans. The purchase also included land along Wade Park Avenue, just north of the buildings, between East Boulevard and East 105th Street.

The sellers were companies tied to Patricia Lawley, the ex-wife of former contractor and developer Michael Forlani, according to public records. Forlani is serving an eight-year sentence in federal prison in Pennsylvania for racketeering, bribery and other crimes that surfaced during a wide-ranging corruption investigation in Cuyahoga County. He's set for release in May 2019.

Forlani developed the Wade Park buildings for the VA, which is a tenant with leases that were set to expire in 2021. Before he was indicted in 2011, he put Veterans Development LLC, the company that developed and owned the VA project, into an irrevocable trust with his wife as the sole beneficiary. Court records show that the couple divorced in 2014.

Cleveland VA administration complex

The sale included a 2,000-space parking garage and vacant land, once earmarked as a possible retail site along Wade Park Avenue.

Michelle Jarboe/The Plain Dealer

Even with Forlani out of the picture, though, the landlord-tenant relationship presented challenges for the VA. The project was tainted by corruption. None of the charges that Forlani pled guilty to involved the Wade Park buildings, but the medical center's former director went to prison in 2016 for providing inside information to contractors in exchange for bribes.

And a 2012 review of the deal by VA Office of Inspector General raised questions about whether the project, a campus consolidation and expansion, even made sense. The evaluation found that the VA ended up with insufficient, expensive space and identified problems in the process and the underlying agreements between the agency and the developer.

As a result of the scandal, Veterans Development LLC was barred from doing business with the federal government. That means federal agencies can't enter or renew contracts with the

company or agree to subcontracts of more than \$35,000 - making it tough, if not impossible, for the VA to work with its landlord to invest in or alter the buildings.

The sale to CGA eliminates that last snarl. The privately held company focuses on single-tenant properties, including buildings leased to government entities and healthcare providers. CGA didn't respond to an interview request about the Wade Park acquisitions.

Public records don't list one clear price for the real estate, but deeds and mortgage documents indicate that CGA paid somewhere between \$160 million and \$170 million - the bulk of that value associated with the office building and the garage.

Dan Geuther, a director with mortgage-banking firm Berkadia in downtown Cleveland, declined to comment on the deal. Berkadia acted as an advisor to CGA.

Lawley, who lives in Gates Mills, didn't return a phone call.

In an email, a VA spokeswoman said that the ownership change will allow the VA to make infrastructure improvements at the administration building, garage and residential building, which is called the domiciliary. The VA extended its lease on the property by a decade. "The change will not impact operations or veteran care," Kristen Parker, the spokeswoman, wrote.

Cleveland VA domiciliary

The 122-bed domiciliary, which serves homeless veterans, is a low-slung building tucked behind the parking garage. Doorways from an older apartment building, which the domiciliary replaced, were incorporated into the project.

Michelle Jarboe/The Plain Dealer

The sale of the Wade Park properties was the final step in unwinding the relationship between Forlani's family and the U.S. Department of Veterans Affairs in Northeast Ohio.

The complicated arrangement between Veterans Development and the VA, conceived in 2005 and agreed to in 2009, was designed to consolidate the agency's Brecksville and Cleveland operations in University Circle. Veterans Development not only tackled the expansion project in the city but also took control of the Brecksville campus through a long-term lease.

Last year, the city of Brecksville took over that lease, with the goal of working with the VA to acquire the property. The city could take ownership of the 102-acre site from the federal government within weeks. The campus is slated to be cleared for long-term redevelopment.

Brecksville is considering a development deal with the DiGeronimo Companies of Independence. Legislation related to the land deal and the possible development agreement is making its way through Brecksville City Council.

The property sales in Cleveland occurred with much less fanfare.

CGA's purchase didn't require any public airings. But it did involve behind-the-scenes blessings from the Cleveland-Cuyahoga County Port Authority and the city of Cleveland, who had a hand in the development financing for the Wade Park projects.

The port originally acted as a middle man, issuing \$115 million in bonds sold to a private investor to support the construction-and-lease deals. The city approved a tax-increment financing arrangement, under which new property-tax revenues generated by a project go toward paying off project debt.

Those preexisting agreements, and other aspects of the original deal, required the city and the port to sign off on the ownership change.

"In order to facilitate this transaction, the city had to execute several documents acknowledging the assignment of the obligations from the seller to the buyer and affirming that the TIF existed and was not in default. ... The change in purchaser has no impact on the payment obligations under the TIF," city spokesman Dan Williams wrote in an email.

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4.4 - Pittsburgh Tribune-Review: [VA Pittsburgh presents nurse practitioner with first I CARE award](#) (22 February, Brian Bowling, 1.5M uvm; Pittsburgh, PA)

The VA Pittsburgh Healthcare System kicked off its I CARE Award program by recognizing a nurse practitioner who created 200 handmade thank you cards for Veterans Day.

Evelyn Zimmerly, an 18-year employee who works in Surgery Services, collaborated with her sister, Jacqueline Kabel. Kabel started The Red, White & Blue Card Company when she couldn't find military-themed cards to commemorate her son graduating from basic training and thanking a friend's two sons when they returned from deployments in Iraq.

Zimmerly, 58, of Oakmont designed the cards to reflect the different service branches and eras and arranged for the University Drive staff to distribute the cards the day before Veterans Day because the VA doesn't scheduled medical appointments on the holiday.

The award recognizes employees for exemplifying five core values: integrity, commitment, advocacy, respect and excellence, according to the Department of Veterans Affairs. The healthcare systems executive board selects recipients based on nominations from fellow employees.

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4.5 - Fayetteville Observer: [Our View: Shulkin should continue as VA secretary](#) (22 February, Editorial Board, 439k uvm; Fayetteville, NC)

David Shulkin is under fire, which is the experience that a lot of Veterans Affairs secretaries have had in recent years. The VA is no simple management project. It never has been. And the nation's longest-ever wars in Afghanistan and Iraq have added many thousands more combat veterans whose physical and mental health issues would challenge any health-care organization.

But Shulkin's controversy is different. Unlike several of his predecessors, he can point to significant successes in delivering care to the nation's veterans. We can see that here in Fayetteville, where our VA hospital has been improved and a sprawling new outpatient clinic

has been added to serve veterans in this region. Waiting times, once outrageously long, have declined. The quality of patient care has improved. And this isn't the only part of the VA network that can make those claims.

Shulkin's problems are rooted in his own lousy decision-making. He's facing controversy over travel-expense abuses during an 11-day trip to Europe, on which, among other things, taxpayers picked up the tab for his wife to accompany him. It nearly got him fired, and it did lead to the abrupt retirement of his chief of staff.

Shulkin's previous problems were more political in nature. Some members of the Trump administration — and, it appears, even some high-ranking VA officials — want to increasingly privatize the VA's medical services. Shulkin is resisting such a move, as are the country's leading veterans groups. He believes the VA is the best source of medical care for veterans, although he has moved toward covering costs of medical treatment in civilian hospitals and clinics for veterans who live considerable distances from VA facilities. That makes sense, even though the VA has so far struggled with the details of that policy change.

But there is no doubt that for many veterans — especially those with service-related injuries and illnesses — the VA is the right place for that care, a place where specialists routinely work with conditions that are unique to combat veterans.

Shulkin may be the best-qualified VA secretary we've had. He was born on an Army post where his father was an Army psychiatrist. Both of his grandfathers fought in World War I. He is a physician, and married to a physician. He has spent most of his career in health-care management, including serving as CEO of Beth Israel Medical Center in New York City. He became under secretary of the VA in 2015 and President Trump promoted him to the secretary's job a year ago. He is Trump's only cabinet secretary to win unanimous confirmation by the Senate.

So for all those qualifications and achievements, tossing him out for a travel-spending infraction seems an overreaction. The White House appears to agree. An administration official told The Washington Post that Shulkin's job is safe, although, "if other stuff comes out, this could change, but for now, he's safe." There are, however, some knives out for Shulkin in other parts of the administration, because he's resisting Trump's desire to give veterans more options to get privately provided health care. Veterans advocates fear that is the beginning of a slippery slope that would mean dismantling of the VA system.

Common sense tells us that the solution on that issue is somewhere in the middle. Veterans with conditions requiring specialized care will likely always be best served by VA health care providers. But other veterans, whose health problems are routine and not related to military service, could often receive faster, more convenient and sometimes better care at clinics and hospitals outside the VA network. We expect the VA will continue to move in that direction.

But meanwhile, Shulkin has done well with the difficult job of streamlining and improving the VA. We hope this setback passes and he continues to do that job.

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4.6 - KXXV (ABC-25, Video): [Veterans voice concerns to VA officials at town hall meeting](#)
(15 February, Taylor Durden, 56k uvm; Waco, TX)

TEMPLE, TX (KXXV) - Dozens of veterans met with VA leaders in Temple Thursday night to address different concerns regarding the VA.

The VA hosts town hall meetings similar to this every few months.

"We're in the healthcare business. This is a people business. So it's important for us to come out, interact with our veterans face to face. They get to know who we are, we get to know who they are and work through their issues together," Christopher Sandles, Director of the Central Texas Veterans Health Care System, said.

Questions ranged from medications to veteran hiring guidelines to issues with restrictions to a specific gym at the VA.

"We have had a lot of issues that have been resolved when we come to the town hall meetings," Tim Kidder, a veteran, said.

Kidder and his wife attended Thursday's meeting to ask more questions, in hopes of getting more answers.

"One was my meds and the other is where my disability travel pay was going," Kidder said.

Several female veterans were also in attendance, asking for updates on services for women veterans.

"One in particular lack of providers for female veterans and that was addressed by the director," Adrienne Evans-Quickley, President of the Women's Army Corps of Veterans Association Chapter 94, said.

Director Sandles explained they are having a hard time staffing primary care doctors after people leave.

Evans-Quickley also asked for an update on the women's trauma recovery center that is moving to Waco.

"All veterans have a voice. All speak of their concerns and can get answers here. And we can hear each other and relate to what others are saying. Women veterans as well as men veterans," Yvonne Anthony Harrell, a member of the Women's Army Corps of Veterans Association Chapter 94, said.

Director Sandles promised to check on each veterans situation and get back to them.

"When I say I'm going to take a look at something, I do that," Sandles said.

Kidder said the follow up from VA staff is the most important thing.

"When they call us back up and say here's what we found out. This, this and that. And we're getting answers," Kidder said.

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4.7 - Milwaukee Independent: [VA Photography Program Brings Healing To Milwaukee Veterans With Health Disorders](#) (22 February; Milwaukee, WI)

Veterans who participated in “Exploring the Milwaukee Community through Photography” exhibit attended a meet-and-greet event on February 13, talking with members of the public about their images.

The photos have been on display in the Freedom Gallery, a space in the lower level of the Milwaukee County War Memorial. The exhibit was the culmination of a project offered through the VA Medical Center. It was part of a recreation therapy program for veterans receiving treatment in the Housing Urban Development, Veterans Affairs Supportive Housing, and mental health programs.

The photography program was developed last year by Courtney Zeller, a recreation therapist at the Milwaukee VA, with funding by the Elmbrook Rotary Club. She got the idea after doing home visits with some of her clients. The bare walls of the houses started her thinking about how to change that stark condition.

“Participants in the VA’s photography group learned how to used the techniques of photography such as lighting, framing, subject matter and composition to help them capture images in the community,” said Zeller. “The group started off by taking pictures of the grounds of the VA and then went into the community to various places including: Grant Park, Boerner Botanical Gardens, Third Ward, Riverfront, Lakefront, some of the veterans included pictures of other Recreation Therapy groups at Holy Hill and Kelly Lake.”

Zeller was interested not only in the decorative appeal of photography. Like other arts, photography can provide many therapeutic benefits to veterans with mental and physical health disorders, like post-traumatic stress disorder, addictions, obesity, chronic pain, and social isolation.

The benefits of the photography project have included improved self-esteem and confidence from learning new skills, improved focus and attention, decreased stress, increased self-esteem and confidence, sense of personal accomplishment, decreased social isolation, and improved social skills.

With Zeller and Milwaukee artist Burgermeister, the veterans learned about lighting, framing, subject matter and composition as they explored Milwaukee.

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5. [Improve Timeliness of Service](#)

5.1 - WTVF (CBS-22, Video): [VA Doctor Says Club Drug Could Be Key In Opioid Battle](#) (22 February, Sarah McCarthy, 854k uvm; Nashville, TN)

MURFREESBORO, Tenn. - A drug commonly known as Special K and sometimes used as an anesthesia in operating rooms has been helping veterans quit opiates cold turkey.

"These patients have had a long journey with pain and opiates, and they've often given up on life," said Dr. Randall Malchow, an anesthesiologist at the Murfreesboro VA campus. "There's anxiety and depression commingled in with unemployment, loss of productivity, and obesity. So to have an impact that is life-changing is tremendous."

Dr. Malchow said ketamine has the ability to reset our pain receptors in a way that allows patients to ditch traditional pain medications while still managing chronic symptoms.

Ending addiction while still treating pain may sound like a big promise, but Dr. Malchow said so far, results have proven promising.

About 50 veterans have completed his program, which consists of IV infusions of ketamine. Typically, four IVs administered over four days is enough to detox patients from opiates and manage their pain for a year or more.

"I believe, at least in my career, this could be a game changer," Dr. Malchow said.

The Murfreesboro VA hospital is the first in the country to offer the program. There's currently a waitlist to receive ketamine treatment.

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5.2 - WFLA (NBC-8, Video): [Veteran left in near vegetative state after computer at Bay Pines stops prescription, daughter says](#) (22 February, Steve Andrews, 692k uvm; Tampa, FL)

PINELLAS COUNTY, Fla. (WFLA) — A Pinellas woman was shocked to learn her father's medication for a traumatic brain injury was stopped by a computer at the Bill Young Medical Center at Bay Pines, and as a result, she says her father was left in a near vegetative state.

Barr's daughter and caregiver Brandye Jackson sits down with News Channel 8's Steve Andrews.

"It's called being flat, there's no expression, no cognition no movement on his own his arms legs, unable to speak even open his eyes," said Brandye Jackson, the daughter and caregiver of Air Force veteran Tom Barr.

In an effort to curb the overprescribing of narcotics and controlled substances, a computer, not a doctor is turning off or stopping prescriptions at the VA hospitals.

Records show Barr's medication was stopped by a computer at the facility. The doctor who was supposed to catch the error did not.

Jackson says her father suffered a traumatic injury four years ago, and the drugs Methylphenidate or Ritalin help him function.

"Because he has nothing to make his brain fire. Without that medication his brain won't fire," Ms. Jackson explained.

When Barr was admitted to the facility in January, Jackson says she left staff specific instructions on how to properly care for him. At the top of her list was the drug Methylphenidate.

"I was told every day that he was getting it, every day," added Ms. Jackson.

Brandye says she noticed her dad become less alert and responsive. His medical records show the drug was stopped.

Jackson says a doctor explained that after a patient is hospitalized for seven days, their prescription for a narcotic or a controlled substance is stopped by a computer.

"In his case, this alert went to a doctor who was on vacation, it wasn't forwarded to any other doctor that was taking over his care, and if nobody looks for the alerts daily, they don't get seen anyway," Ms. Jackson said.

A Bay Pines spokesperson Jason Dangel explains that narcotics and controlled substances are stopped when the prescriptions expire.

"This didn't just happen to my Dad, it's not just my Dad's medication that has fallen off, it's every veteran's medication," said Ms. Jackson.

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5.3 - WGCL (CBS-46, Video): [Report: Atlanta VA has over 37,000 claims to review](#) (22 February, Natalie Rubino, 587k uvm; Atlanta, GA)

DEKALB COUNTY, GA (CBS46) - According to the VA's "Monday Morning Work Load" report, right now the Atlanta VA has 37,751 claims to review. That number includes disability claims, benefit claims and burial claims, but what it doesn't include are appeals claims.

Right now Atlanta has 16,112 appeals that need review and only three teams for the task. Situated off of Clairmont Road in Dekalb County, Atlanta's VA office is dealing with a staggering case load.

"I will typically get 10 to 15 phone calls a day," said attorney Drew Early.

Early is veteran and an attorney specializing in VA claims. Every day he gets calls from vets asking for help and it usually comes after the VA denies a claim for benefits or other support.

"The bureaucracy is so cumbersome the average person doesn't know what the VA wants or maybe it's not expressed to them what they need," said Early.

The VA aims to respond to claims within four months but Early says it usually takes an average of 8 to 10 months for vets to hear a response after a claim is filed. Many vets in need of health care, housing and disability can't afford to wait.

"What do you do for people that are truly disabled that can't afford to wait these lengths of time. It's a real issue," said Early.

When it comes to appealing a claim, the process is even longer. Early estimates it takes three and a half years for the Board of Appeals in Atlanta to review a claim. That's because there's only three teams with about 10 people on each to review close to 17,000 appeals.

He says the change needs to happen by educating the workers who are helping the veterans file their claims in the first place and to make sure no paperwork information is missing.

"Put the right people, experienced people up front, helping the veteran or surviving spouse an SAYING this is what we need. then i think it could be better," said Early.

It's not just the regional office here in Atlanta struggling. Early estimates the average wait time for national VA appeals is about 4 and a half years.

According to VA numbers, nationally their amount of claims have decreased by more than half since 2013.

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5.4 - Chattanooga.com: [VA Tennessee Valley Healthcare System Using New Treatment For Opioid Dependency](#) (22 February, Chris Vadnais, 449k uvm; Chattanooga, TN)

"I felt alive again. I wanted to live again."

These are the words of a veteran who was shot in the hip in Vietnam nearly 50 years ago and has suffered from Complex Regional Pain Syndrome (CRPS) Type II, ever since. He started taking opioids in 2010 to treat his chronic pain and post-traumatic stress.

His body eventually built up a tolerance and the medication started to affect his mood, and he decided he no longer wanted to take opioids

"I tried to get off by myself, but I couldn't," he said. "I was sick as a dog every time I tried. I was fed up and I told my doctor they had do something."

This could be the story of any of thousands of Veterans who feel trapped in opioid dependency. However, this veteran found a solution at the VA Tennessee Valley Healthcare System (TVHS). After five years of research and consultation with his own VA doctor, he traveled from Pennsylvania to Nashville to meet the only VA doctor administering a new type of treatment: ketamine by infusion.

Historically, the VA has been an innovative force in American medicine. From conducting the first successful liver transplant to implementing electronic medical records, VA has played a leading role in setting standards for the healthcare industry.

Given that, it should come as no surprise this cutting-edge treatment for opioid dependency and chronic pain was born in a VA hospital.

Dr. Randall Malchow, a graduate of the U.S. Military Academy at West Point, has served as an anesthesiologist for TVHS since 2016. Deep study and an understanding of the effects of opioids on the body allowed Malchow to create the VA's first Ketamine Infusion Clinic, treating Veterans with a history of long-term opioid use for chronic pain and PTSD.

"The goals of the program are to reduce pain and hopefully, stop the use of opiates altogether," said Dr. Malchow.

With a 74% success rate, he has reason to be excited about the program, which is built on understanding the impact opiates have on chronic pain.

“Opiates lower a person’s pain threshold, lessening their ability to handle and manage pain,” said Dr. Malchow. “Having a lower threshold for pain, patients then build up a tolerance to opiates.”

Dr. Malchow said lower pain threshold equals a higher dosage required to treat the pain, therefore causing the body to become physiologically dependent. Further, Dr. Malchow said the use of opioids can amplify symptoms associated with PTSD such as anxiety and depression, which are often triggered by pain.

Ketamine is used as a primary anesthetic in operating rooms around the world. According to the International Anesthesia Research Society, it is one of the safest available. In the last five to seven years, research has indicated the unique properties of ketamine have had profound effects on anxiety, depression, and pain.

People who suffer from these symptoms have received low-dose injections of ketamine at various clinics throughout the U.S. -- with mixed results. However, Dr. Malchow takes the idea a step further, administering moderate dose ketamine infusions to Veterans with these symptoms.

“Ketamine has the effect of resetting excited pain receptors, allowing patients to feel pain in a normal way -- a manageable way,” he said. Further, he noted a major difference between the effect of opioids and ketamine, explaining, “with opioids, pain begets pain, which excites pain hormones.”

Malchow has found ketamine to decrease those pain hormones and allow Veterans to manage pain with anti-inflammatory medication, non-steroid pain medication, and even whole health practices which include yoga, tai chi, mindfulness, and chiropractic care.

49 Veterans have received ketamine infusion therapy at the Nashville VA hospital. Many note they felt almost immediate reduced levels of pain and relief from PTSD symptoms, but most of all, they report feeling free from dependency on opioids to get through the day.

A Navy veteran recalled her struggle with opioids, “I tried so hard to get off opioids myself. I was so sick, I couldn’t do it.” She told her doctor she needed hospitalization because she wouldn’t take another pill. Instead, she was referred to the ketamine clinic. Referring to how she felt after the infusion she shared, “the difference was like night and day.”

Dr. Malchow understands opioid addiction to be a national problem, and believes he’s doing his part to help carry out VA’s mission, “To care for him whom shall have borne the battle.” This includes using more effective pain management solutions like ketamine infusions in conjunction with other alternatives like whole health, nerve blockers, and non-opioid pain medication to help Veterans feel alive again.

TVHS is an integrated tertiary health care system comprised of two hospitals, the Alvin C. York Campus in Murfreesboro and the Nashville Campus, as well as more than a dozen community-based outpatient clinics located in Tennessee and Kentucky. TVHS provides ambulatory care, primary care, and secondary care in acute medicine and surgery, specialized tertiary care,

transplant services, spinal cord injury outpatient care, and a full range of extended care and mental health services.

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5.5 - New Hampshire Public Radio (Audio, Video): [N.H. Vet Becomes First Fitted With Two 'LUKE' Arms](#) (22 February, Peter Biello, 151k uvm; Concord, NH)

Engineers, doctors and officials with the Department of Veterans Affairs demonstrated Thursday how new prosthetic arm technology is working for one New Hampshire veteran. The hope is that what works for this veteran will work for others.

Ron Currier, 63, describes himself as a country boy. He likes to hunt and fish, and he says on a perfect day, he'll walk into the woods, "and just spend the day out there with my dogs, maybe build a fire, cook up some kielbasa, whatever," Currier says. "We'll both have something to eat or drink and just roam the woods."

Building a fire and cooking are a bit more challenging for Currier than it is for most people. Decades ago, he lost his arms in an electrical accident. Since then he's performed basic tasks with his stumps or prosthetic arms with hooks for hands.

All that's now changing, because Currier has just become the first man ever to be fitted with two sophisticated prosthetics called LUKE arms. "These are going to give me back my independence," Currier says.

LUKE stands for "Life Under Kinetic Evolution" and they were developed by DEKA Research in Manchester, with the help of DARPA (Defense Advanced Research Projects Agency) and Mobius Bionics of Manchester, the manufacturer.

These work a couple different ways. One is a shoe sensor. Raising your heel or your toe, for example, to move the arm up or down.

The other way involves electrodes connected to Currier's muscles. Matt Albuquerque of Next Step Bionics & Prosthetics in Manchester helped fit the LUKE arms to Ron Currier's body.

"And I'll say, 'Ron, open your hand.' And he'll open his hand and use the muscles that he used to use to open the hand that's no longer there. Those electrodes pick up that signal," says Albuquerque.

The price varies based on the needs of the user. Currier's left arm alone cost \$150,000, paid for by the VA.

LUKE Arm technology has been available to veterans since July of last year. But getting a LUKE arm ready for use takes a long time, says Dean Kamen of DEKA.

"When somebody loses an arm in combat, it's a pretty violent event, and the amount of residual limb they have left is a matter of what the explosion was, not a carefully planned amputation," says Kamen.

And so each LUKE arm has to be custom-built and fitted. That takes multiple trips back and forth to doctors' offices. Before this week, the only place vets could go for that was the VA in Bronx, New York.

That was too far for Currier.

"In fact, they told us he had to go to the Bronx and Ron dropped about 50 F-bombs," says Ed Kois, one of Currier's doctors.

Kois is also one of a dozen whistleblowers who came forward last year with allegations of substandard care at the Manchester VA.

His status as a whistleblower got him an audience last year with VA Secretary David Shulkin, and they still keep in touch by email. Kois says after Currier dropped those F-bombs, he sent Shulkin an email about getting Currier fitted in Manchester.

"And 18 minutes later I got a reply from Shulkin that said, 'That's a terrific idea. I'll support you whatever way I can,'" Kois says.

Currier is the first veteran to be fitted with the new technology in Manchester, but nobody I spoke to for this story wants him to be the last. Last fiscal year, the VA nationally cared for about 5,000 veterans with arm amputations. Some of those vets may be eligible for LUKE arms. But it's unclear whether a fitting in Manchester will ever happen again.

John McNemar is another of the Manchester VA whistleblowers. He's happy veterans will benefit. But he worries all this press attention for the LUKE arms takes the spotlight away from continuing problems at the Manchester VA itself. In particular--the operating room, which was closed in July due to flooding from a burst pipe.

"Personally, I think the focus should be on getting this operating room reopened and getting patients, veterans back here for their procedures that they're currently having out in the community, that we're capable of doing here."

The Manchester VA hasn't yet identified other New Hampshire vets who may be eligible. Speaking on stage Thursday, Ron Currier says once he's learned how to better use his new LUKE arms, he has big plans.

"Ice climbing at Cathedral Ledges. I really want to go climb it and repel down it. I think that'll be a lot of fun."

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5.6 - KOTA (ABC-3, Video): [KOTA News Extra: Secondary PTSD](#) (21 February, 98k uvm; Rapid City, SD)

RAPID CITY, S.D. (KOTA TV) - For some veterans, the battle doesn't end when they come home from combat.

Studies find that 20% of Iraq and Afghanistan veterans have PTSD and/or depression. But what the numbers don't tell you is that people who take care of trauma victims can wind up victims themselves.

"I'm not who I was anymore, it's changed to depression and anger," said Jamie Brown, wife and caregiver of veteran Terry Brown.

Commonly referred to as secondary PTSD, while not a formal diagnosis, psychologist Dr. Patrick Keohane says symptoms of PTSD can rub off on caregivers.

"I would call it an anxiety disorder," said Dr. Keohane. "Many of the caregivers suffer a lot of anxiety and depression. It's a challenge working with a veteran with PTSD. They are home 24/7 with their veterans and if they are having a difficult time, they are in the background trying to calm things and help the veteran cope."

Symptoms of PTSD include anger episodes, social isolation, and hypervigilance. As Dr. Keohane says, since partners are always trying to help their veterans cope, the constant worrying can have a negative impact.

"It's hard on me because I am taking the brunt of it and I don't understand it myself. It's hard walking on eggshells all of the time," said Brown.

One of the first psychologists to study this and understand this effect uses the term vicarious victims.

But the Department of Veterans Affairs offers help through their Care Giver Support Program. This is a program for recent combat veterans that provides financial support, training, educational resources and many tools to ease the burden on the caregiver.

Brown says they also help provide emotional support, such as flying in family during a difficult time and counseling for caregivers.

For the veteran, it provides in-home care, respite care, home-based primary care, adult health care centers, as well as counseling.

"It's important to have something for the spouses, wives or husbands. I'm glad that there are programs such as this so she can be able to stick around with strength and the strength of the people behind her with this program," said Terry Brown.

The help takes the weight off the shoulders for the caregivers, something Bridget Sweir, wife of veteran Wayne Sweir, is thankful for.

"The healthier I am and the better I take care of myself, the better I can be to take care of Wayne and the program does a great job of encouraging self-care."

The program serves 60 families in the Black Hills. If you are a recent combat veteran and want to find out if you and your family qualify, you can reach out by calling the VA of the Black Hills at 1-800-743-1070 for Fort Meade, and 1-800-764-5370 for Hot Springs.

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5.7 - WCIA (CBS-3): [Man sent to VA for mental health evaluation, Asked deputies for help making arrests](#) (22 February, Emily Braun, 85k uvm; Champaign, IL)

CENTRAL ILLINOIS (WCIA) -- A man accused of impersonating a police officer in Edgar County is undergoing a mental health evaluation at the VA, in Vermilion County.

40-year old Justin Hefner is accused of impersonating a public official, unlawful use of a weapon and unlawful use of body armor.

He was supposed to be in court Thursday, but was transferred to the VA.

He was evaluated by the Edgar County Jail's crisis team and sent for the mental health evaluation.

The judge rescheduled Hefner's preliminary hearing to March 15.

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6. [Suicide Prevention](#)

6.1 - KAMR (NBC-4, Video): [Raising Awareness for Veteran and First Responder Suicides](#) (22 February, Judd Baker, 54k uvm; Amarillo, TX)

AMARILLO - 22 Veterans and first responders commit suicide every day. Thursday some people rode their motor-vehicles to raise awareness.

Save the Veterans 22 Amarillo is dedicated to preventing and raising awareness for first responder and Veteran suicide.

The 22nd of every month at 2:22 p.m., the group runs from the Texas Panhandle War Memorial on I-27 and Georgia all the way to the Thomas E. Creek V.A. Medical Center.

They said Veterans and first responders who need help just need one person they can turn to.

"It is very difficult to ask for help. I myself am a Veteran and I know how that is. Trying to talk to somebody who doesn't understand. That has never been there and has never seen those things. They don't know how to talk to you because it is a different world," said Derik Jobe, Save the Veterans 22 Amarillo Co-Chairman.

Save the Veterans 22 Amarillo said anyone in the community is welcome to attend.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Home HQ): [Caught in the 'churn'? Take these steps to limit your loan-related solicitations](#) (22 February, Kevin Lilley, 2.1M uvm; Springfield, VA)

One day, you've closed your VA-backed loan. The next day, your new house is filled with refinance offers, and your voicemail and email inboxes might not be far behind.

Moves to limit rapid refinances, especially those where the borrower's expected savings vanish in the fine print, are underway on multiple fronts. But those pushes, targeting what's become known as 'churn,' won't save your mailbox from overcrowding.

Here are some options to battle the clutter on your own:

1. Find a list. The National Do Not Call Registry can remove your number from many telemarketing rolls; any calls you get after registering are more likely to be scams. You can also opt out of direct-mail and email marketing via the Data & Marketing Association.
2. Credit opt-out. Applying for a mortgage may put your contact details into the hands of other credit-related agencies, and you could see an increase in mail and phone offers. OptOutPrescreen.com allows users to opt out of these offers either for five years or permanently. Need to shop for a new financial product and wish you had more offers? You can go back to the site and opt in again.
3. Complaint department. If you've received solicitations after requesting them to stop, or you believe the sales pitches are misleading or fraudulent, run up red flags via the Federal Trade Commission, the Consumer Financial Protection Bureau, or both. The FTC has a dedicated link for solicitors who imply they're representing the government or backed by a federal agency, which may come in handy in some VA loan-related situations.

Sens. Elizabeth Warren, D-Mass., and Thom Tillis, R-N.C., introduced bipartisan legislation they say would combat Sens. Elizabeth Warren, D-Mass., and Thom Tillis, R-N.C., introduced bipartisan legislation they say would combat "loan churning" and better protect veterans from predatory loan practices. (AP photos)

Ready to look at a serious refinance, or just seeking more details on the VA loan system? Visit our VA Loan Center.

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7.2 - Leavenworth Times: [VA patients treated to day on the slopes](#) (22 February, Mark Roundtree, 49k uvm; Leavenworth, KS)

A nonprofit organization that advocates for the U.S. Army recently provided funding to assist patients at the domiciliary at the Eisenhower VA Medical Center with their rehabilitation program.

And have a little fun too.

The Henry Leavenworth Chapter of the Association of the United States Army (AUSA) donated \$750 to Midwest Adaptive Sports so that patients at the VA could enjoy a day of skiing at Snow Creek ski resort in Weston, Missouri.

A group of approximately 10 domiciliary patients took part in the trip to the ski resort as part of their recreation therapy program.

Participants spent approximately four hours on the slopes.

Al Mueller, a ski instructor at Snow Creek, helped facilitate the wounded warriors' visit to the ski resort.

"It's something a little bit different than the facilities they have at the dom," Mueller said. "They had a good time."

Cal Johnson, president of the local chapter of the AUSA, said the ski trip was part of the organization's Helping Our Own at Home initiative.

He said the ski trip was one of numerous initiatives that AUSA supports to help veterans and their families.

Johnson said the organization donates approximately \$15,000 each year to Army service members and their families.

According to organization secretary Judy Bauer, AUSA also donated money to the Family, Morale, Welfare and Recreation department at Fort Leavenworth and the Better Opportunities for Single Soldiers program at the military installation.

Each year, AUSA hosts a golf tournament as its primary fundraiser. This year's tournament is May 4 at Leavenworth Country Club.

Snow Creek is in its 32nd year of operation. The resort features 12 trails of varying degrees of difficulty and five snow tubing lanes that are 700 feet long.

The ski resort has more than 60 snowmaking machines.

The resort is open for business from mid-December through mid-March.

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7.3 - WVIK (NPR-90.3): [Ashford Loses GI Bill Eligibility](#) (22 February, Michelle O'Neill, 17k uvm; Rock Island, IL)

Ashford University no longer qualifies to receive G-I Bill benefits for its students. Illinois US Senator Dick Durbin says an agency in California has denied the company's application to remain eligible for funding. The for-profit school is based in California.

When Ashford closed its main campus in Clinton, Iowa, a state agency withdrew approval of veterans benefits. Ashford challenged that decision in federal court, but lost. So the university applied to the California State Approving Agency for Veterans Education.

Ashford University has a long history of exploiting the men and women who have served our country in uniform in order to pocket millions in federal G-I Bill education benefits.

Calling it a "predatory company, " Durbin says Ashford, "has a long history of exploiting the men and women who have served our country in uniform in order to pocket millions in federal G-I Bill education benefits."

Durbin has asked the Department of Veterans Affairs to stop sending G-I Bill funds to Ashford. He also wants the VA to help veterans who are currently enrolled at Ashford and may no longer receive tuition assistance.

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8. [Other](#)

8.1 - WGNS (AM-1450, Audio): [Tennessee Valley Healthcare System youth volunteer from Rockvale earns \\$20,000 VA scholarship](#) (22 February, 47k uvm; Murfreesboro, TN)

17-year-old Leanna Edwards of Rockvale, Tennessee has earned the top award of \$20,000 in the Department of Veterans Affairs (VA) 2018 James H. Parke Memorial Youth Scholarship Award program.

Tom Gallagher oversees the coordination of volunteers at the VA campus in Murfreesboro. He told WGNS about Ms. Edwards...

Edwards, a senior at Central Magnet High School, is the first Parke Scholarship recipient from Tennessee. She has volunteered at the Tennessee Valley Healthcare System (TVHS) Alvin C. York campus since age 13. In that time, Edwards has clocked more than 1,300 volunteer hours serving in various volunteer positions. Among the areas in which she has worked are diabetes education, the Operation Iraqi Freedom / Operation Enduring Freedom office, and the hospice unit -- where supervisors said her bright personality made her a favorite with patients.

"She's built relationships with these people," said Tom Gallagher, Chief of TVHS Voluntary Service. "She doesn't just come in to put her hours in; she gets to know these Veterans, and she knows their stories. She becomes intimately familiar with folks and she becomes friends with them," he said.

Supervisors also said Edwards also has a tremendous work ethic. In addition to serving during summer months, she volunteered during her school breaks throughout the years.

"She's devoted. She's faithful. She comes when nobody else comes," said Darlene Haynes, TVHS Voluntary Service program specialist and Edwards' direct supervisor. "Her spring break, her fall break, her Christmas break, she comes. She's here," said Haynes.

Each VA medical center can nominate one Veterans Affairs Voluntary Service (VAVS) student volunteer for an award. Tennessee Valley Healthcare System Director, Jennifer Vedral-Baron, says Leanna has been a tremendous asset to the medical center, and is someone for whom service seems to come naturally.

"When you meet her, you see the energy, the intelligence, the shine in her eyes that she's going to give back to her community," said Vedral-Baron. "We couldn't be more proud of Leanna, and of her recognition."

The James H. Parke Memorial Fund was named for the first Director of VA Voluntary Service and the founding father of the Department of VAVS National Advisory Committee member organizations. The memorial fund was established in 1976 to serve as the non-profit source of funds for a VAVS Youth Scholarship. Organizations, volunteers, VA staff and others continue to contribute to the Fund.

To be eligible for the award, candidates must have completed 100 hours of regularly scheduled VAVS volunteer service during the calendar year, be a student in the 10th grade or above, and have not yet reached their 19th birthday.

TVHS depends on the goodwill of volunteers who want to give back to America's heroes. Volunteers provide many important functions throughout TVHS facilities to help make Veterans' visits more comfortable. Anyone interested in volunteering should call 615-225-6497.

TVHS is an integrated tertiary health care system comprised of two hospitals, the Alvin C. York Campus in Murfreesboro and the Nashville Campus, as well as more than a dozen community-based outpatient clinics located in Tennessee and Kentucky. TVHS provides ambulatory care, primary care, and secondary care in acute medicine and surgery, specialized tertiary care, transplant services, spinal cord injury outpatient care, and a full range of extended care and mental health services.

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Veterans Affairs Media Summary and News Clips

23 February 2018

1. [Top Stories](#)

1.1 - Washington Post: [This simple technological fix helped veterans get health benefits](#)

(22 February, Henry Farrell, 43.9M uvm; Washington, DC)

When people are hired, they can land at our headquarters in the Office of Management and Budget, or they can go directly to agencies. We have groups at the Department of Defense, Veterans Affairs, Department of Homeland Security, General Services Administration, and we also are engaged with the Small Business Administration as well as Health and Human Services. We also talk to people at other departments if they have specific questions. We have a unified hiring pipeline...

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Indiana VA Center Priority for Fiscal 2019](#) (22

February, 24M uvm; Washington, DC)

The U.S. Department of Veterans Affairs has ranked an Indiana building as one its highest-priority construction projects. The proposed VA budget for fiscal year 2019 ranks the construction of a "West Tower" at the Fort Wayne VA Medical Center as No. 8 on its list of 431 strategic capital investments, The Journal Gazette reported.

[Hyperlink to Above](#)

1.3 - The Hill: [Dems knock Shulkin's 'overly defensive' response to report on Europe trip](#)

(22 February, Rebecca Kheel, 11.8M uvm; Washington, DC)

Four Democrats, including the ranking member of the Senate Veterans' Affairs Committee, said Thursday they are "troubled" by Veterans Affairs (VA) Secretary David Shulkin's "overly defensive" response to a scathing inspector general report about the secretary's trip to Europe last year. In a letter to Shulkin, the senators said he needs to officially tell the inspector general he will comply with all recommendations.

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1.4 - Military.com (Military Update): [VA, Roe Tie Caregiver Benefit Expansion To](#)

[Tightened Eligibility](#) (22 February, Tom Philpott, 9M uvm; San Francisco, CA)

In drafting legislation that would expand comprehensive caregiver benefits to severely injured veterans of all past wars, Rep. Phil Roe (R-Tenn.), chairman of the House Veterans Affairs Committee, directed staff this month to start with the proposal announced by VA Secretary David Shulkin at a Feb. 6 committee hearing.

[Hyperlink to Above](#)

1.5 - The Tennessean (USA Today Network – Tenn., Video): [Ketamine to treat opioid addiction? Murfreesboro VA doctor finds new use for club drug](#) (22 February, Jake

Lowary, 2.1M uvm; Nashville, TN)

A doctor at the Murfreesboro veterans hospital is using a drug once associated with nightclub party scenes to treat opioid addiction. The Department of Veterans Affairs is calling the new treatment regimen from Dr. Randall Malchow, an anesthesiologist at the Alvin C. York hospital in Murfreesboro, "innovative" for its use of ketamine, a heavy anesthetic known as "Special K" and long associated with club party scenes and recreational abuse.

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1.6 - Stars and Stripes: [Senators troubled by VA secretary's response to IG report, ask for transparency](#) (22 February, Nikki Wentling, 1.5M uvm; Washington, DC)

Four Democratic senators said Thursday that they are troubled by Department of Veterans Affairs Secretary David Shulkin's response to findings of ethical violations connected to his taxpayer-funded trip to Europe last summer. In a letter to Shulkin, Sens. Jon Tester, D-Mont., Richard Blumenthal, D-Conn., Tammy Baldwin, D-Wisc., and Bob Casey, D-Penn., asked for more transparency from Shulkin, which they said is necessary to regain the trust of Congress, veterans and taxpayers.

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1.7 - Stars and Stripes: [Trump plans to nominate Army veteran Paul Lawrence as undersecretary for VA benefits](#) (22 February, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump announced plans Wednesday night to nominate a longtime management consultant to fill a top spot at the Department of Veterans Affairs that's remained unfilled for nearly three years. Paul Lawrence, vice president of the consulting firm Kaiser Associates in Washington, will be the VA's new undersecretary for benefits if he's confirmed by the Senate.

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2. [Greater Choice for Veterans](#)

2.1 - WFED (AM-1500): [Infrastructure, artificial intelligence and other congressional efforts you may not have heard about](#) (22 February, Steff Thomas, 831k uvm; Washington, DC)

Reps. Gus Bilirakis (R-Fla.), Scott Peters (D-Calif.), Annie Kuster (D-N.H.) and Mike Coffman (R-Colo.) proposed legislation on Feb. 15 to create a pilot program from partnerships between the Veterans Affairs Department and federally qualified health centers (FQHC). FQHCs are non-profit medical organizations located in under-served areas in the U.S.

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2.2 - Pacific Daily News (Video): [Our View: Northern Marianas deserves its own Vet Center](#) (23 February, 141k uvm; Hagatna, GU)

The Department of Veterans Affairs should work with the Commonwealth of the Northern Marianas government to establish a Vet Center to ensure veterans living in Saipan, Tinian and Rota get the services and help they need. The Guam Vet Center will be going to the Northern Marianas starting next week to do needs assessments with veterans...

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3. [Modernize Our System](#)

3.1 - Politico: [The comments keep on coming](#) (22 February, Darius Tahir, 23.9M uvm; Arlington, VA)

The Department of Veterans Affairs is partnering with Alphabet subsidiary DeepMind to develop models powered by machine learning to predict patient deterioration. The department's press release includes one notable example of such deterioration: acute kidney injury. DeepMind may have particular expertise in that area: the company previously partnered with the NHS to develop an app called "Streams," which attempted to predict kidney failure.

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3.2 - Pittsburgh Tribune-Review: [VA system in Pittsburgh uses tech to upgrade medicine model](#) (22 February, Mary Ann Thomas, 1.5M uvm; Pittsburgh, PA)

Given its traditionally large segment of elderly patients, the VA Pittsburgh Healthcare System has developed innovative programs for senior care. One example is "Telehealth," which, via digital technology, connects veterans in their homes with VA facilities' physicians, practitioners, psychiatrists and other health care experts.

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3.3 - MobiHealthNews: [DeepMind partners with VA to identify risks during hospital stays](#) (22 February, Dave Muoio, 188k uvm; New York, NY)

The Department of Veterans Affairs has announced a research partnership with Alphabet subsidiary DeepMind that will tackle issues concerning patient deterioration during hospital care. Using a dataset comprised of 700,000 historical, de-personalized health records, the machine learning platform will help the VA identify risk factors for deterioration while predicting its onset.

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3.4 - FedScoop: [The VA wants to use machine learning to detect patient deterioration](#) (22 February, Zaid Shoorbajee, 57k uvm; Washington, DC)

The Department of Veterans Affairs wants to explore how machine learning can help predict the onset of patient deterioration. The department announced Wednesday a partnership with DeepMind to conduct medical research on deterioration, which generally happens when, despite providing care, medical staff fail to notice that a patient's condition is worsening.

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[4. Focus Resources More Efficiently](#)

4.1 - Politico: [Shulkin says he has White House backing to purge VA \(Corrected Story\) - The embattled Cabinet head said he's investigating what he called 'subversion.'](#) (20

February, Arthur Allen, 23.9M uvm; Arlington, VA)

The White House has given Veterans Affairs Secretary David Shulkin the green light to quash an internal rebellion among conservative foes of his leadership, he told POLITICO late Tuesday. The embattled Cabinet head said he'd begun investigating what he called "subversion" at the agency, and those who have defied his authority "won't be working in my operation."

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4.2 - Miltiary.com: [Alaska Music Therapy Program Treats TBI, PTSD](#) (22 February, Amy Bushatz, 9M uvm; San Francisco, CA)

A program connecting troops and patients at the local Department of Veterans Affairs hospital with music therapy has been so successful that it is the subject of a summit Thursday between local military and veteran officials, state arts experts and the head of the National Endowment for the Arts (NEA).

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4.3 - The Plain Dealer: [Buildings at Cleveland VA sell for \\$160M to \\$170M, cutting ties tainted by corruption scandal](#) (22 February, Michelle Jarboe, 4.5M uvm; Cleveland, OH)
An out-of-state investment firm has purchased three buildings and land at the Louis Stokes Cleveland VA Medical Center, in a \$160 million to \$170 million deal that cuts lingering ties between the VA and the family of a contractor jailed as part of a major corruption scandal.

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4.4 - Pittsburgh Tribune-Review: [VA Pittsburgh presents nurse practitioner with first I CARE award](#) (22 February, Brian Bowling, 1.5M uvm; Pittsburgh, PA)
The VA Pittsburgh Healthcare System kicked off its I CARE Award program by recognizing a nurse practitioner who created 200 handmade thank you cards for Veterans Day. Evelyn Zimmerly, an 18-year employee who works in Surgery Services, collaborated with her sister, Jacqueline Kabel. Kabel started The Red, White & Blue Card Company...

[Hyperlink to Above](#)

4.5 - Fayetteville Observer: [Our View: Shulkin should continue as VA secretary](#) (22 February, Editorial Board, 439k uvm; Fayetteville, NC)
David Shulkin is under fire, which is the experience that a lot of Veterans Affairs secretaries have had in recent years. The VA is no simple management project. It never has been. And the nation's longest-ever wars in Afghanistan and Iraq have added many thousands more combat veterans whose physical and mental health issues would challenge any health-care organization.

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4.6 - KXXV (ABC-25, Video): [Veterans voice concerns to VA officials at town hall meeting](#) (15 February, Taylor Durden, 56k uvm; Waco, TX)
The VA hosts town hall meetings similar to this every few months. "We're in the healthcare business. This is a people business. So it's important for us to come out, interact with our veterans face to face. They get to know who we are, we get to know who they are and work through their issues together," Christopher Sandles, Director of the Central Texas Veterans Health Care System, said.

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4.7 - Milwaukee Independent: [VA Photography Program Brings Healing To Milwaukee Veterans With Health Disorders](#) (22 February; Milwaukee, WI)
Veterans who participated in "Exploring the Milwaukee Community through Photography" exhibit attended a meet-and-greet event on February 13, talking with members of the public about their images. The photos have been on display in the Freedom Gallery, a space in the lower level of the Milwaukee County War Memorial.

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5. Improve Timeliness of Service

5.1 - WTVF (CBS-22, Video): [VA Doctor Says Club Drug Could Be Key In Opioid Battle](#) (22 February, Sarah McCarthy, 854k uvm; Nashville, TN)

"These patients have had a long journey with pain and opiates, and they've often given up on life," said Dr. Randall Malchow, an anesthesiologist at the Murfreesboro VA campus. "There's anxiety and depression commingled in with unemployment, loss of productivity, and obesity. So to have an impact that is life-changing is tremendous."

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5.2 - WFLA (NBC-8, Video): [Veteran left in near vegetative state after computer at Bay Pines stops prescription, daughter says](#) (22 February, Steve Andrews, 692k uvm; Tampa, FL)

A Pinellas woman was shocked to learn her father's medication for a traumatic brain injury was stopped by a computer at the Bill Young Medical Center at Bay Pines, and as a result, she says her father was left in a near vegetative state. Barr's daughter and caregiver Brandye Jackson sits down with News Channel 8's Steve Andrews.

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5.3 - WGCL (CBS-46, Video): [Report: Atlanta VA has over 37,000 claims to review](#) (22 February, Natalie Rubino, 587k uvm; Atlanta, GA)

According to the VA's "Monday Morning Work Load" report, right now the Atlanta VA has 37,751 claims to review. That number includes disability claims, benefit claims and burial claims, but what it doesn't include are appeals claims. Right now Atlanta has 16,112 appeals that need review and only three teams for the task. Situated off of Clairmont Road in Dekalb County, Atlanta's VA office is dealing with a staggering case load.

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5.4 - Chattanooga.com: [VA Tennessee Valley Healthcare System Using New Treatment For Opioid Dependency](#) (22 February, Chris Vadnais, 449k uvm; Chattanooga, TN)

These are the words of a veteran who was shot in the hip in Vietnam nearly 50 years ago and has suffered from Complex Regional Pain Syndrome (CRPS) Type II, ever since. He started taking opioids in 2010 to treat his chronic pain and post-traumatic stress. His body eventually built up a tolerance and the medication started to affect his mood, and he decided he no longer wanted to take opioids

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5.5 - New Hampshire Public Radio (Audio, Video): [N.H. Vet Becomes First Fitted With Two 'LUKE' Arms](#) (22 February, Peter Biello, 151k uvm; Concord, NH)

Engineers, doctors and officials with the Department of Veterans Affairs demonstrated Thursday how new prosthetic arm technology is working for one New Hampshire veteran. The hope is that what works for this veteran will work for others. Ron Currier, 63, describes himself as a country boy. He likes to hunt and fish, and he says on a perfect day, he'll walk into the woods...

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5.6 - KOTA (ABC-3, Video): [KOTA News Extra: Secondary PTSD](#) (21 February, 98k uvm; Rapid City, SD)

For some veterans, the battle doesn't end when they come home from combat. Studies find that 20% of Iraq and Afghanistan veterans have PTSD and/or depression. But what the numbers don't tell you is that people who take care of trauma victims can wind up victims themselves.

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5.7 - WCIA (CBS-3): [Man sent to VA for mental health evaluation, Asked deputies for help making arrests](#) (22 February, Emily Braun, 85k uvm; Champaign, IL)

A man accused of impersonating a police officer in Edgar County is undergoing a mental health evaluation at the VA, in Vermilion County. 40-year old Justin Hefner is accused of impersonating a public official, unlawful use of a weapon and unlawful use of body armor. He was supposed to be in court Thursday, but was transferred to the VA.

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6. [Suicide Prevention](#)

6.1 - KAMR (NBC-4, Video): [Raising Awareness for Veteran and First Responder Suicides](#) (22 February, Judd Baker, 54k uvm; Amarillo, TX)

22 Veterans and first responders commit suicide every day. Thursday some people rode their motor-vehicles to raise awareness. Save the Veterans 22 Amarillo is dedicated to preventing and raising awareness for first responder and Veteran suicide. The 22nd of every month at 2:22 p.m., the group runs from the Texas Panhandle War Memorial on I-27 and Georgia all the way to the Thomas E. Creek V.A. Medical Center.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Home HQ): [Caught in the 'churn'? Take these steps to limit your loan-related solicitations](#) (22 February, Kevin Lilley, 2.1M uvm; Springfield, VA)

One day, you've closed your VA-backed loan. The next day, your new house is filled with refinance offers, and your voicemail and email inboxes might not be far behind. Moves to limit rapid refinances, especially those where the borrower's expected savings vanish in the fine print, are underway on multiple fronts. But those pushes, targeting what's become known as 'churn,' won't save your mailbox from overcrowding.

[Hyperlink to Above](#)

7.2 - Leavenworth Times: [VA patients treated to day on the slopes](#) (22 February, Mark Roundtree, 49k uvm; Leavenworth, KS)

A nonprofit organization that advocates for the U.S. Army recently provided funding to assist patients at the domiciliary at the Eisenhower VA Medical Center with their rehabilitation program. And have a little fun too. The Henry Leavenworth Chapter of the Association of the

United States Army (AUSA) donated \$750 to Midwest Adaptive Sports so that patients at the VA could enjoy a day of skiing at Snow Creek ski resort in Weston, Missouri.

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7.3 - WVIK (NPR-90.3): [Ashford Loses GI Bill Eligibility](#) (22 February, Michelle O'Neill, 17k uvm; Rock Island, IL)

Ashford University no longer qualifies to receive G-I Bill benefits for its students. Illinois US Senator Dick Durbin says an agency in California has denied the company's application to remain eligible for funding. The for-profit school is based in California.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - WGNS (AM-1450, Audio): [Tennessee Valley Healthcare System youth volunteer from Rockvale earns \\$20,000 VA scholarship](#) (22 February, 47k uvm; Murfreesboro, TN)

17-year-old Leanna Edwards of Rockvale, Tennessee has earned the top award of \$20,000 in the Department of Veterans Affairs (VA) 2018 James H. Parke Memorial Youth Scholarship Award program.

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1. [Top Stories](#)

1.1 - Washington Post: [This simple technological fix helped veterans get health benefits](#)
(22 February, Henry Farrell, 43.9M uvm; Washington, DC)

The U.S. Digital Service has taken on the task of helping the federal government adapt to new technologies. I interviewed Matt Cutts, the head of the service, about what the organization does.

HF: So where did the U.S. Digital Service come from?

MC: The origin of the U.S. Digital Service was sparked by Healthcare.gov. Unfortunately, the initial website for enrollment did not live up to the task. A dedicated cadre of people came together and worked with people in the government to ensure that the website could handle the load and traffic. That experience sparked the insight that when important decisions were being made, you needed people in the room who can make sure that a technical viewpoint is represented.

We have seen the U.S. Digital Service help with all kinds of firefighting and emergencies. We have been honored and privileged to help with that. We've also seen the value of preventative work, when we can come in earlier on a project and give advice or consult with partners in the government about ways to organize the architecture or system and bring in industry best practices to ensure a project is likely to succeed.

HF: Where do people who work for the U.S. Digital Service come from?

MC: They come from across the country. The stereotype is that the U.S. Digital Service brings people from A-list technology companies like Google, Amazon and Facebook and Twitter. There is some truth to that — we have had people from all those companies. But we want to represent the entire American public, so we also recruit from across the country. We don't just want to reflect the viewpoint of Silicon Valley, and we do better when we reflect a lot of viewpoints, including people who have come from contractors and government, who often have understanding of how to deal with barriers and obstacles. A brilliant designer can be paired with an engineer who understands how procurement or contracting works. Our ideal person has the technical skills but also the emotional intelligence to say, 'Here is why the current system isn't working, and here is how you can change or channel that to get to a better outcome.'

HF: So which agencies do you work with?

MC: When people are hired, they can land at our headquarters in the Office of Management and Budget, or they can go directly to agencies. We have groups at the Department of Defense, Veterans Affairs, Department of Homeland Security, General Services Administration, and we also are engaged with the Small Business Administration as well as Health and Human Services. We also talk to people at other departments if they have specific questions. We have a unified hiring pipeline — anyone can go to [USDS.gov/join](https://usds.gov/join) if they want to find out more about the U.S. Digital Service. We do our own interviews and résumé scoring and work with partners on hiring.

HF: So do people do a tour of duty with you and then perhaps go back into the private sector?

MC: Yes, but we also practice something called commitment escalation. We ask people to join our team for short-term tours, but we find they get hooked on the great impact of their work on the lives of American people and decide to stay for longer. The other thing that is interesting is that people come here and go back to private industry with a better understanding of how government works and how it thinks. Often, the U.S. Digital Service is a great change for people personally — they change their life plan, sometimes move across the country and decide to go into civic technology, or stay in government service. That is truly heartening, to see someone who originally wanted to go back to industry and then decides to pursue a different goal.

HF: So what have people done in the U.S. Digital Service to change things?

MC: We had, for example, a form called the 10-10EZ form, which veterans need to fill out to request health benefits. The forms needed the right version of Internet Explorer — and it had to be Internet Explorer — and the right version of Adobe Acrobat. If you didn't have the right versions, you would get an incorrect error message, telling you that you had to update your version of Acrobat, when in fact it had to be downgraded. Only 8 percent of people were filling out the form online. So the Digital Service worked with partners at Veterans Affairs to deploy a Web form that would work on mobile phones and be accessible via a screen reader. The number of people who applied online for benefits spiked up remarkably. With the paper form, the average wait time was 137 days. With this new form, 50 percent of veterans find out whether they are eligible within 10 minutes. It feels immensely gratifying to know that a small change — making a form accessible — can have such a positive impact on the lives of many people.

We also bring in industry best practices such as bug bounties: paying researchers who find security holes, because you don't want the vulnerability being sold on the black market. Most major tech companies offer bug bounties, but the federal government had never done one, and some people worried that reporting a vulnerability to government would get them into trouble. A group at the Defense Digital Service, which is the branch of the U.S. Digital Service at the Pentagon, did a bug bounty called "Hack the Pentagon." People were nervous at first, but we took them through the process, and people found bugs cheaper and faster, finding important bugs. With its success, we then had Hack the Army, Hack the Air Force, and had a classified bug bounty. In each case it worked, and the researchers who found the bugs were trustworthy. Some of the holes that were found were very serious — but because they were immediately reported, the vulnerabilities were closed, rather than found and exploited.

HF: There are many places where government interfaces could be improved.

MC: Yes. It's understandable that the user experience is not always the highest priority in government. What we find is that acting as a voice for the user and helping design the interfaces with users is often exactly what is needed. For the 10-10EZ form, we found a homeless veteran named Dominic and recorded him trying to use the old form and describing what it was like. We have the video where he talks about how it was as if the old form was hidden behind spikes and IEDs. That was very compelling, because everyone wants to do the right thing, but sometimes it helps to have that reminder.

HF: The federal procurement system is sometimes not hugely efficient — are there ways to mitigate this?

MC: The U.S. Digital Service sees a lot of projects at a lot of agencies, including projects involving contractors. Contractors often want to do the right thing and use the best technologies, and part of the obstacle is providing them with the right requirements by writing the contract the right way or moving away from a model where you draft all the requirements at the outset toward an agile model of iterating quickly. We have many experiences where contractors are happier because they can work in ways that are closer to the tech industry. In my experience, everyone wants to write the best thing they can. So finding and dealing with those obstacles can unlock a more effective and efficient experience for both sides.

HF: You came from Google, which works by applying machine learning to big problems. The U.S. government has a lot of data but doesn't use those techniques to the same extent. What opportunities are there to change things?

MC: We see data scientists in places like the Office of the Inspector General at Health and Human Services. At the same time, other parts of government work in silos, making it hard to work together. Some of that is by design, thanks to the U.S. Privacy Act, and there are good reasons why you might not want information to be too readily available or combined. There is the potential for very solid wins through straightforward changes. Someone asked me at a conference panel what I thought about blockchain in government. I replied that if we could just tackle paper, I would be happy. There is room to think about machine learning and predictive analytics, but a lot of what is to be done is the "block and tackle" work of ensuring that government information starts digitally, so you avoid transcription errors and typos. There are so many gains to be had just from starting there.

This article is one in a series supported by the MacArthur Foundation Research Network on Opening Governance that seeks to work collaboratively to increase our understanding of how to design more effective and legitimate democratic institutions using new technologies and new methods. Neither the MacArthur Foundation nor the Network is responsible for the article's specific content. Other posts in the series can be found [here](#).

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1.2 - U.S. News & World Report (AP): [Indiana VA Center Priority for Fiscal 2019](#) (22 February, 24M uvm; Washington, DC)

FORT WAYNE, Ind. (AP) — The U.S. Department of Veterans Affairs has ranked an Indiana building as one its highest-priority construction projects.

The proposed VA budget for fiscal year 2019 ranks the construction of a "West Tower" at the Fort Wayne VA Medical Center as No. 8 on its list of 431 strategic capital investments, The Journal Gazette reported.

Tom Blackburn is the public affairs officer for the VA Northern Indiana Health Care System. He said plans are being drafted for the 27,000-square-foot, two-story addition to the main patient building.

Blackburn said the addition would mirror an ongoing construction project on the southeast side of the building, which calls for a sterilization processing facility for medical instruments and primary-care areas.

Construction would likely begin in fiscal 2021 and would be completed two years later.

The estimated cost of the project is \$17.6 million. The budget for fiscal 2019 requests a total of \$1.76 million. The budget requires congressional approval.

The budget also includes replacing the Fort Wayne VA center's boilers on its 422 non-recurring maintenance projects. It ranks 82nd in national priority and would cost \$9.9 million. Ranked much lower is a basement remodel that Blackburn said would include a radiology suite, and the replacement of underground utilities and parking reconfiguration for nearly \$8.3 million.

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1.3 - The Hill: [Dems knock Shulkin's 'overly defensive' response to report on Europe trip](#)
(22 February, Rebecca Kheel, 11.8M uvm; Washington, DC)

Four Democrats, including the ranking member of the Senate Veterans' Affairs Committee, said Thursday they are "troubled" by Veterans Affairs (VA) Secretary David Shulkin's "overly defensive" response to a scathing inspector general report about the secretary's trip to Europe last year.

In a letter to Shulkin, the senators said he needs to officially tell the inspector general he will comply with all recommendations.

"We have read the inspector general's (IG) report related to your international trip in the summer of 2017 and want to be clear about our disappointment in what was clearly a considerable lack of judgment," they wrote. "Further, we are troubled by the overly defensive response from you and Deputy Secretary [Thomas] Bowman as published in the report, which indicated a lack of understanding or appreciation for the high standard to which you are held as a Cabinet official.

"To restore the trust of veterans, taxpayers and Congress, it is absolutely critical that you officially respond to the IG and confirm your immediate intention to comply with all five recommendations, to the fullest extent possible."

The letter was signed by Veterans' Affairs Committee ranking member Sen. Jon Tester (D-Mont.), committee member Sen. Richard Blumenthal (D-Conn.) and Sens. Tammy Baldwin (D-Wis.) and Bob Casey Jr. (D-Pa.).

The VA's inspector general issued a report last week finding that Shulkin misused taxpayer dollars during a trip to Europe by spending much of the time sightseeing instead of conducting official business; having a VA employee use official time acting as a personal travel planner; and inappropriately accepting Wimbledon tennis match tickets.

The report also said Shulkin's then-chief of staff doctored an email to gain approval to use taxpayer dollars to pay for Shulkin's wife to accompany him.

In his official response to the inspector general, Shulkin submitted a 16-page rebuttal from his lawyers, as well as his own letter that said the report "draws conclusions based on subjective and arbitrary criteria."

“It is outrageous that you would portray my wife and me as attempting to take advantage of the government,” Shulkin wrote.

Bowman also submitted an official response letter questioning the objectivity of the report.

Once the report became public, Shulkin said he repaid his wife’s travel and that he would follow the inspector general’s other recommendations. But he’s also suggested since the report’s release that the doctored email was the result of a hack and has blamed criticism on internal divisions at the department and with White House officials.

In their letter, which a spokeswoman for Veterans' Affairs Committee Democrats said was written after the senators “fully reviewed” the report, the senators asked Shulkin for the total amount he has repaid for the trip.

They also urge a “full and complete” audit of all expense, authorization and documents associated with the trip.

The senators also asked Shulkin to task Bowman with a broad, top-to-bottom review of the department’s travel policies.

“If these policies are found to be lacking, we expect that clarifying guidance will be issued and updated training will be provided,” they wrote. “If, however, there were appropriate policies in place that were not followed, we expect that administrative action be considered against any and all levels of employees who did not comply with guidelines or who may have pressured others not to comply.”

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1.4 - Military.com (Military Update): [VA, Roe Tie Caregiver Benefit Expansion To Tightened Eligibility](#) (22 February, Tom Philpott, 9M uvm; San Francisco, CA)

In drafting legislation that would expand comprehensive caregiver benefits to severely injured veterans of all past wars, Rep. Phil Roe (R-Tenn.), chairman of the House Veterans Affairs Committee, directed staff this month to start with the proposal announced by VA Secretary David Shulkin at a Feb. 6 committee hearing.

Shulkin said he supports extending caregiver benefits – which includes a monthly stipend, access to health care insurance, caregiver training, stress counseling and a period of paid respite away from caregiver responsibilities -- to persons caring for veterans catastrophically injured in wars back to World War II.

However, as a condition for making benefits available to veterans injured before the Afghanistan and Iraq wars, Shulkin wants Congress to narrow eligibility criteria. Post-9/11 veterans now qualify for the comprehensive benefits if their physical or mental injuries prevent them from performing one or more activities of daily living, whether bathing, preparing meals or dressing themselves. It’s a level caregiver need medical experts describe as Tier 1.

Shulkin proposes that Congress align the VA plan’s eligibility criteria with other caregiver programs that provide benefits only if those injured cannot perform three or more activities of

daily living, a Tier 3 threshold. He described this as a “more clinically appropriate criteria” than the Post-9/11 law mandated since 2011.

However, Shulkin said the 26,000 caregivers now drawing benefits under that law should be protected from the changes for as long as they meet the looser criteria. He also said the law should more clearly spell out that veterans are eligible for caregiver benefits if they suffer severe cognitive dysfunction.

“I think that’s something we could carry to the Congress and get passed,” Roe told Shulkin after he shared his proposal. No committee member disagreed.

If the VA caregiver program is expanded as Shulkin envisions, an additional 40,000 veterans would be eligible, he said. If current Post-9/11 benefits were extended to older generations unchanged, 188,000 veterans would be eligible.

In the Senate, its veterans affairs committee last December approved and sent to the full Senate the Caring for Our Veterans Act (S 2193), with has provisions to extend the current caregiver program to older generations of war-era veterans in two phases and at an estimated cost of \$3.4 billion over five years. Shulkin’s more restricted plan presumably would cost a quarter of that total.

VA spent \$500 million last year on its comprehensive caregiver program. VA and veteran service groups both contend caregiver benefits actually save the government billions of dollars because home care avoids the greater cost of sending severely injured vets into nursing facilities. A senior VA official said cost-avoidance under Shulkin’s plan could total \$2.5 billion by 2030.

The preference of veteran service organizations is that Congress pass the Senate committee’s caregiver expansion, which they worked closely with Sen. Patty Murray (D-Wash.) to shape and gain the support of her committee colleagues.

At the House hearing, however, Chairman Roe asked representatives of two veterans groups, and a nationwide advocacy group for caregivers, if they could support Shulkin’s call to extend benefits to older generations but also limit eligibility to veterans with Tier 3 conditions.

“We certainly won’t oppose any efforts to expand in any way,” said Sarah Dean of Paralyzed Veterans of America, emphasizing the unmet needs of caregivers for older severely injured veterans. “And if starting with Tier 3 is what we have to do to start [benefits], we absolutely support that.” But she added, “It just won’t be the end of the conversation.”

Steven Schwab, executive director of the Elizabeth Dole Foundation, said it was “encouraging” to hear VA seriously discuss extending benefits to older generations. The Foundation wants “to explore a timeline on how we move beyond Tier 3 and make sure that all pre-9/11 caregivers who need and deserve support with this benefit receive it [but] yeah, I think we’re open to that.”

Adrian Atizado with Disabled American Veterans Congress also didn’t reject Shulkin’s plan, noting that critically important benefits for veterans often start by Congress “making incremental improvements.” But lawmakers shouldn’t delay more actions to ensure every veteran “is equitably treated,” Atizado added.

The Senate committee bill with caregiver expansion language is stalled in that chamber over part of the bill that would modify and extend the Choice program for allowing veterans access to non-VA or community health care. A spokeswoman for Sen. Johnny Isakson (R-Ga.) said the committee chairman continues to support his bill's caregiver expansion plan for older generations of vets. But, said his spokeswoman, Isakson is "happy to take a look at what the House proposes."

Senator Murray, on the other hand, rejects Shulkin's compromise.

"We should be working to expand support for veterans' caregivers, not restricting it even further," Murray said. "I absolutely oppose this...and I will fight against it any way I can in the Senate."

Carlos Fuentes with Veterans of Foreign War said the Senate bill is the ideal and he disagreed with Shulkin that current eligibility rules are too loose.

"Frankly, it doesn't matter how many activities of daily living a veteran isn't able to perform. What matters is if they need the assistance of a caregiver. And there are some cases where being unable to perform one ADL -- eating or going to the bathroom or another activity -- requires the assistance of a caregiver," he said.

"Doctors certainly should receive more guidance as to how to make those determinations," Fuentes said. "But we think that savings [through cost avoidance] can be achieved by extending eligibility criteria as is."

Veteran representatives spent much of their time before the House committee knocking down claims by Republicans that the current caregiver program is widely abused or offers benefits duplicative of other VA programs.

Two weeks after hearing, Roe said he supports expanding the caregiver program to older generations but "we must have an honest conversation about the right balance between both the cost and clinical appropriateness of any expansion."

Therefore, he will hold a roundtable discussion with veteran service organizations and members of the House and Senate committees to get feedback on his proposed legislation. That will be followed by a televised hearing where he plans to move caregiver expansion legislation forward to the full House.

Caregivers of older generations should recognize now that it's up to Congress to act, Shulkin suggested.

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1.5 - The Tennessean (USA Today Network – Tenn., Video): [Ketamine to treat opioid addiction? Murfreesboro VA doctor finds new use for club drug](#) (22 February, Jake Lowary, 2.1M uvm; Nashville, TN)

A doctor at the Murfreesboro veterans hospital is using a drug once associated with nightclub party scenes to treat opioid addiction.

The Department of Veterans Affairs is calling the new treatment regimen from Dr. Randall Malchow, an anesthesiologist at the Alvin C. York hospital in Murfreesboro, "innovative" for its use of ketamine, a heavy anesthetic known as "Special K" and long associated with club party scenes and recreational abuse.

The VA announced the new treatment regimen in a news release on Thursday. Ketamine has been linked as a medical alternative treatment to depression, and now opioid addiction, and has long been used as a anaesthetic for surgical procedures.

The VA said that an unnamed veteran, who was shot in the hip 50 years ago in Vietnam, developed a dependency and tolerance to the opioids used to treat his Complex Regional Pain Syndrome (CRPS) Type II condition.

"I tried to get off by myself, but I couldn't," the news release quotes the veteran as saying. "I was sick as a dog every time I tried. I was fed up, and I told my doctor they had to do something."

The treatment regimen takes a new approach to a growing use of ketamine, Malchow said, and has shown a 74 percent success rate.

"Ketamine has the effect of resetting excited pain receptors, allowing patients to feel pain in a normal way — a manageable way," he said in the release.

The opioid epidemic has killed tens of thousands nationwide in overdoses, and lawmakers at the state and federal levels have pledged to introduce reforms to help reduce dependency and over-prescription.

In Tennessee, deaths have continued to increase, and prescriptions have outnumbered citizens in past years. Gov. Bill Haslam, in his final year in Nashville, has placed the issue at the top of his legislative agenda for 2018.

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1.6 - Stars and Stripes: [Senators troubled by VA secretary's response to IG report, ask for transparency](#) (22 February, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON – Four Democratic senators said Thursday that they are troubled by Department of Veterans Affairs Secretary David Shulkin's response to findings of ethical violations connected to his taxpayer-funded trip to Europe last summer.

In a letter to Shulkin, Sens. Jon Tester, D-Mont., Richard Blumenthal, D-Conn., Tammy Baldwin, D-Wisc., and Bob Casey, D-Penn., asked for more transparency from Shulkin, which they said is necessary to regain the trust of Congress, veterans and taxpayers.

"[We] want to be clear about our disappointment in what was clearly a considerable lack of judgement," they wrote. "Further, we are troubled by the overly defensive response from you... which indicates a lack of understanding or appreciation for the high standard to which you are held as a Cabinet official."

VA Inspector General Michael Missal released findings Feb. 14 that Shulkin improperly accepted tickets to a tennis match at Wimbledon for himself and his wife, Dr. Merle Bari, on an

official trip to Copenhagen and London for a veterans summit with allied countries. Further, much of the trip was spent sightseeing, the report states, and a VA employee used official time acting as a personal travel concierge to Shulkin and Bari.

Investigators discovered VA Chief of Staff Vivieca Wright Simpson misled an ethics official into approving travel expenses for Bari. Wright Simpson announced her retirement two days after the release of the IG report.

Senators wrote the letter after reading the report in full, said Cassie Byerly, press assistant with the Senate Committee on Veterans' Affairs. The report is 97 pages, with a 16-page rebuttal from Shulkin's lawyers.

In the rebuttal, Shulkin's lawyers said they have "grave concerns" about the report, which they argued ignored critical facts, presented a one-sided version of events and was factually and logically flawed.

In his own letter, Shulkin accused Missal of bias and said he was "deeply concerned" about how the office conducted the investigation.

"A report of this nature is a direct assault on my spouse, my character, and my unblemished record of service to the Veterans Affairs Administration," he wrote.

VA Deputy Secretary Thomas Bowman also sent a letter in response to the report, in which he questions whether the IG's investigation was complete and objective. Tester, Blumenthal, Baldwin and Casey said they thought Bowman's response, like Shulkin's, was overly defensive.

The day that the report was released, Shulkin said he repaid the U.S. Treasury for Bari's travel expenses. The senators asked him Thursday to inform them of the total amount paid. They also asked him to list reasons and justifications for why each person on the Europe trip was there.

The senators also want a broad review of how the VA handles official travel. If any more wrongdoing is found regarding the Europe trip or other travel, they want action to be taken against "any and all levels of employees."

"We expect a report to be issued to the committees at the conclusion of this top-to-bottom review of travel policies," the senators wrote.

Shulkin needed to comply with their request in order to "restore the trust of veterans, taxpayers, and Congress," they wrote.

For days following the report, it was unclear whether Shulkin would keep his job.

Tensions between political employees installed at the VA and Shulkin, Wright Simpson and Bowman emerged after the IG report was released, and major veterans organizations purported White House insiders were using the moment to interfere in the agency.

The White House has not come out with an official, public statement on the IG report, but some veterans organizations said they have been led to believe Shulkin will not be ousted as a result of the ethical violations or the infighting at the agency.

"I believe that what they've decided to do is move forward," American Legion Executive Director Verna Jones told reporters Wednesday. "We don't know how long it's going to last, but unless something else happens, I think that the decision has been made that David Shulkin is going to remain the secretary."

On Tuesday, Shulkin told Politico that he had the support of the White House to investigate "subversion" within the VA and remove anyone who might be working against him.

Jones and Louis Celli, national director of veterans affairs and rehabilitation at the Legion, said they believed some political appointees were attempting to replace Shulkin and other longtime civil servants in an attempt to privatize the VA health care system. The Legion supports Shulkin's efforts to remove them, they said.

Jones and Celli said parts of the IG report were disingenuous and argued Shulkin's actions were not harmful enough to warrant his removal. They view him as the last bastion keeping Trump's administration from an aggressive expansion of veterans' medical care into the private sector.

"We're not excusing any wrongdoing," Jones said. "But in the big scheme of things, if veterans can get into the VA health care system, if they can get their benefits, if homelessness and unemployment is reduced... sometimes you have to take the punishment that's given to you for what you've done, know better, get better and move on."

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1.7 - Stars and Stripes: [Trump plans to nominate Army veteran Paul Lawrence as undersecretary for VA benefits](#) (22 February, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — President Donald Trump announced plans Wednesday night to nominate a longtime management consultant to fill a top spot at the Department of Veterans Affairs that's remained unfilled for nearly three years.

Paul Lawrence, vice president of the consulting firm Kaiser Associates in Washington, will be the VA's new undersecretary for benefits if he's confirmed by the Senate. First, the Senate Committee on Veterans' Affairs will hold a public hearing with Lawrence. As of Thursday, it was uncertain when the hearing would take place.

"We are glad to have a nominee to serve in this critical role," Sen. Johnny Isakson, R-Ga., said in a statement. "I look forward to learning more about Mr. Lawrence in the coming weeks and chairing his nomination hearing."

The job that Lawrence will be nominated to fill has been vacant since October 2015, when then-undersecretary Allison Hickey resigned after being implicated in a government watchdog report for helping two VA employees manipulate the department hiring system.

Thomas Murphy has been in the role on an interim basis since June 2016.

If confirmed, Lawrence will lead the Veterans Benefits Administration, which comprises 20,000 employees and 56 regional offices nationwide. It's responsible for delivering disability compensation, education benefits and other benefits to millions of veterans and determining

who is eligible to receive them. The benefits amount to roughly \$96 billion distributed to veterans and their families each year.

The benefits administration has come under fire in recent years for its backlog of veterans' appeals for denied claims. The VA now has nearly 324,000 pending claims for benefits, and 79,000 backlogged, meaning veterans have been waiting for decisions for longer than 125 days.

On average, it takes veterans five years to go through the appeals process. Congress made moves last year to address the problem, passing legislation that gives veterans more options to appeal their denied claims. Leading implementation of the new law would fall to Lawrence, if he gets the job.

Lawrence has advised government leaders for 30 years and written multiple books on how to be successful in government. In a December 2016 interview on the TV program Government Matters, Lawrence gave advice to new political appointees in Trump's administration – a position he's now in himself.

"What we learned from our research with political appointees, they often show up with little preparation and while it's not sink or swim, it kind of can feel like that," he said in the interview. "You can do things like learn about the organization and really understand what is the craft of your job you're going to do for the American people, and how do you do it really well."

Lawrence is also an Army veteran. He graduated from Army Airborne School and reached the rank of captain.

Last month, senators questioned VA Secretary David Shulkin about why this position – and other top leadership roles – remained unfilled one year into Trump's presidency.

Besides the undersecretary for benefits, the VA – the second-largest federal department – is operating without a permanent leader for its large health care system. Isakson told Shulkin in January, "I know you're trying, but this is one of those things where an 'A' for effort isn't enough."

The VA created a commission last spring to choose a new undersecretary for benefits. Shulkin told senators in January that the commission sent three names to the White House. Their first choice for the job withdrew, he said.

Filling the position of undersecretary for health – Shulkin's old job – has proven to be more of a challenge. Two separate commissions were created last year to find candidates and both failed to select anyone. Another commission convened in late January and was expected to send three candidates to the White House for consideration.

As of last week, the VA has a new vacancy to fill.

VA Chief of Staff Vivieca Wright Simpson announced her retirement Feb. 16, following findings from VA Inspector General Michael Missal that she misled an ethics official into approving expenses for the VA secretary's wife on a taxpayer-funded trip to Europe.

Peter O'Rourke, who led the VA's new Office of Accountability and Whistleblower Protection, replaced her. The agency is now tasked with finding someone to take O'Rourke's old job of advising the VA secretary on employee discipline.

More people at the VA could find themselves without jobs soon. Divisions between Shulkin and political appointees at the VA emerged following the public release of the IG's findings last week. Shulkin has since declared his intent to root out any subversion at the agency.

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2. [Greater Choice for Veterans](#)

2.1 - WFED (AM-1500): [Infrastructure, artificial intelligence and other congressional efforts you may not have heard about](#) (22 February, Steff Thomas, 831k uvm; Washington, DC)

Budgets, immigration reform and gun control may be sucking up all the oxygen on Capitol Hill right now, but some lawmakers are still carving out time to address issues that federal agencies and contractors are confronting, like infrastructure, veterans' access to health care and artificial intelligence. Here are three bills to keep your eye on.

[...]

VA Choice Program

Reps. Gus Bilirakis (R-Fla.), Scott Peters (D-Calif.), Annie Kuster (D-N.H.) and Mike Coffman (R-Colo.) proposed legislation on Feb. 15 to create a pilot program from partnerships between the Veterans Affairs Department and federally qualified health centers (FQHC).

FQHCs are non-profit medical organizations located in under-served areas in the U.S.

"Veterans in New Hampshire and around the country have faced unacceptable barriers in access to care, especially in rural communities," Kuster said in a Feb. 16 press release. "Expanding access to care outside of VA through the Choice Program was a step in the right direction but unfortunately, Choice has not delivered effectively for all veterans."

The VA Community Care Enhancement Act would expand the Veterans Choice program benefits to reach rural communities outside of the direct VA network. If passed, the pilot program will start with five under-served communities across the country.

Lawmakers said forming these partnerships between veterans in rural areas and FQHCs will help solve some of the challenges facing VA in terms of access, accountability, transparency and cost.

"Community health centers in my district have a proven track record of delivering outstanding, comprehensive health care in a cost effective manner," Bilirakis said in a press release. "They offer a wide array of services including primary care, dental services, mental health and substance abuse treatment. If veterans are unable to receive the quality of care they deserve within the VA system, I want them to have the choice to take advantage of the value that community health centers offer without encountering bureaucratic barriers."

The eligible centers would be chosen and regulated by the Health Resources and Services Administration.

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2.2 - Pacific Daily News (Video): [Our View: Northern Marianas deserves its own Vet Center](#) (23 February, 141k uvm; Hagatna, GU)

The Department of Veterans Affairs should work with the Commonwealth of the Northern Marianas government to establish a Vet Center to ensure veterans living in Saipan, Tinian and Rota get the services and help they need.

The Guam Vet Center will be going to the Northern Marianas starting next week to do needs assessments with veterans, and will offer counseling through visits and teleconference beginning in March, according to a news release from Northern Marianas Del. Gregorio Kilili Camacho Sablan.

“The Department of Veterans Affairs’ Vet Centers provide veterans, service members, and their families with a wide range of mental health and social services at no cost,” Sablan said. “These outreach visits by the Guam Vet Center are an important first step in the right direction. Our ultimate goal is to establish a Vet Center of our own, right here in the Northern Marianas,” he added.

Vet Centers serve as access points to the full range of VA services, including health care, benefits, education and readjustment counseling, according to Guam Vet Center Director Dr. Edward Santos.

“Our motto is ‘Keeping the Promise’ and veterans are given a welcome home and may walk on in at any time to a Vet Center,” Santos said. “Having a Vet Center in the Northern Marianas will be a critical bridge in accessing VA services.”

The veterans living in the Northern Marianas served the United States. They earned the benefits and services all veterans are due, and shouldn’t have to fly to Guam or elsewhere to access those services. They deserve a Vet Center of their own.

We commend the Guam Vet Center for reaching out to help veterans in the Northern Marianas, and Sablan for his efforts to ensure those veterans get better access to VA services.

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3. [Modernize Our System](#)

3.1 - Politico: [The comments keep on coming](#) (22 February, Darius Tahir, 23.9M uvm; Arlington, VA)

VA PARTNERS WITH ALPHABET SUBSIDIARY: The Department of Veterans Affairs is partnering with Alphabet subsidiary DeepMind to develop models powered by machine learning to predict patient deterioration. The department's press release includes one notable example of such deterioration: acute kidney injury. DeepMind may have particular expertise in that area: the company previously partnered with the NHS to develop an app called "Streams," which attempted to predict kidney failure.

But that partnership became mired in privacy concerns, and the company said last November that the resulting software doesn't use artificial intelligence at all. Apparently it's time for an old college try stateside.

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3.2 - Pittsburgh Tribune-Review: [VA system in Pittsburgh uses tech to upgrade medicine model](#) (22 February, Mary Ann Thomas, 1.5M uvm; Pittsburgh, PA)

Given its traditionally large segment of elderly patients, the VA Pittsburgh Healthcare System has developed innovative programs for senior care.

One example is "Telehealth," which, via digital technology, connects veterans in their homes with VA facilities' physicians, practitioners, psychiatrists and other health care experts.

Three years ago, the VA started its Dementia Telehealth Clinic. It now has 300 patients from rural areas who have multidisciplinary teams of doctors, including a geriatrician, psychiatrist, social workers and pharmacists, according to Dr. Steven Graham, director of the VA's Geriatric Research Education and Clinical Center.

"In the classical model of medicine, you see various specialists, but in elderly people you no longer have just one problem, you have multiple issues affecting your quality of life," he said.

Compounding the complexity would be if an 80-year-old has a long drive to the Pittsburgh hospital.

Outpatient services are expected to expand with home-bound veterans; the VA will send a doctor and a nurse to the patient's home, Graham said.

"We're just exploring having WiFi-enabled tablets for the dementia patients so we can have virtual visits at home."

The VA has a plethora of programs with the common thread of a team of medical experts treating a single patient, and that will continue, VA officials said.

The elderly's place of treatment, care and lifestyle are changing because of the integrated approach to treatment.

That expanded level of care will continue to expand the prospects for independent living, they say.

"Historically, the process has been linear — from the home to the personal care home to the nursing home," said Nick Haller, associate chief nurse for the VA's Community Living Center.

“Now, since we're seeing more of a collaboration (of medical professionals), somebody may come in for a couple of weeks for rehabilitation and then go back into the community.”

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3.3 - MobiHealthNews: [DeepMind partners with VA to identify risks during hospital stays](#) (22 February, Dave Muoio, 188k uvm; New York, NY)

The Department of Veterans Affairs has announced a research partnership with Alphabet subsidiary DeepMind that will tackle issues concerning patient deterioration during hospital care.

Using a dataset comprised of 700,000 historical, de-personalized health records, the machine learning platform will help the VA identify risk factors for deterioration while predicting its onset.

“Medicine is more than treating patients’ problems,” VA Secretary David J. Shulkin said in a statement. “Clinicians need to be able to identify risks to help prevent disease. This collaboration is an opportunity to advance the quality of care for our nation’s veterans by predicting deterioration and applying interventions early.”

According to the VA, the partnership will first work to uncover risk predictors for the most common conditions experienced during a hospital stay, such as acute kidney injury. The project will then turn to other indicators of patient deterioration.

“We are proud to partner with the [VA] on this important challenge,” Mustafa Suleyman, cofounder of DeepMind, said in a statement. “This project has great potential intelligently to detect and prevent deterioration before patients show serious signs of illness. Speed is vital when a patient is deteriorating: The sooner the right information reaches the right clinician, the sooner the patient can be given the right care.”

DeepMind is no stranger to government healthcare partnerships; the artificial intelligence company partnered with the UK’s National Health Service in 2016 to pilot the health apps Streams and Hark. The former aimed to help doctors more quickly receive information about their acute kidney failure patients, while the latter looked to help organize health information commonly managed with hand-written notes, fax machines, and pagers.

While the NHS partnership appeared to bear fruit, it was also marred by controversy. Within months of announcement, an investigative report from the New Scientist revealed that Google would have access to a wealth of health data without consent from patients. Deepmind and the NHS announced a new agreement addressing the data concerns before the year’s end, although an independent panel report released in July of the next year still shared some concerns.

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3.4 - FedScoop: [The VA wants to use machine learning to detect patient deterioration](#) (22 February, Zaid Shoorbajee, 57k uvm; Washington, DC)

The Department of Veterans Affairs wants to explore how machine learning can help predict the onset of patient deterioration.

The department announced Wednesday a partnership with DeepMind to conduct medical research on deterioration, which generally happens when, despite providing care, medical staff fail to notice that a patient's condition is worsening.

DeepMind — a London-based Alphabet subsidiary that explores wide-ranging applications of artificial intelligence — and the VA plan to use AI to analyze about 700,000 anonymized health records and develop machine learning algorithms that “will accurately identify risk factors for patient deterioration and predict its onset.”

The VA says the partnership will initially focus on detecting early signs of risk. It says that acute kidney injury, for example, can lead to dialysis or death but can be prevented if detected early.

“Medicine is more than treating patients’ problems,” said VA Secretary David Shulkin in a press release. “Clinicians need to be able to identify risks to help prevent disease. This collaboration is an opportunity to advance the quality of care for our nation’s Veterans by predicting deterioration and applying interventions early.”

The VA and DeepMind say that developing machine learning techniques to detect patient deterioration will lead to more proper care for patients. The VA says patient deterioration is the cause of 11 percent of in-hospital patient deaths globally.

DeepMind has in the past worked with the U.K.’s National Health Service on similar projects, like using machine learning to detect early warning signs of blindness.

“This project has great potential intelligently to detect and prevent deterioration before patients show serious signs of illness,” DeepMind co-founder Mustafa Suleyman said in the release. “Speed is vital when a patient is deteriorating: The sooner the right information reaches the right clinician, the sooner the patient can be given the right care.”

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4. Focus Resources More Efficiently

4.1 - Politico: [Shulkin says he has White House backing to purge VA \(Corrected Story\) - The embattled Cabinet head said he's investigating what he called 'subversion.'](#) (20 February, Arthur Allen, 23.9M uvm; Arlington, VA)

Updated 02/22/2018 02:35 PM EST

The White House has given Veterans Affairs Secretary David Shulkin the green light to quash an internal rebellion among conservative foes of his leadership, he told POLITICO late Tuesday.

The embattled Cabinet head said he'd begun investigating what he called “subversion” at the agency, and those who have defied his authority “won’t be working in my operation.”

Shulkin's new chief of staff, Peter O'Rourke, is meeting with each staffer suspected of defying Shulkin "individually and as a group to determine, now that there is a clear direction where we are going, where people are going to stand," he said. "Those who crossed the line in the past are going to have to be accountable for those decisions."

Shulkin and the White House on Friday named O'Rourke, who previously led an accountability office at VA, to replace Vivieca Wright Simpson after she retired last week. An IG report accused her of falsifying an email to get the VA to pay for Shulkin's wife to accompany him on a trip to England and Denmark over the summer.

The IG investigation, which also found Shulkin had improperly accepted Wimbledon tickets from a friend, appears to have brought Shulkin's foes out in the open, seeing an opportunity to drive him out of office over the scathing report. But Shulkin repaid the money and appears to have maintained the White House's backing.

"The White House has been clear they want me focused on the president's agenda, and to do that I have to have the authority to be able to run the organization," Shulkin said after meeting Tuesday with chief of staff John Kelly. "There's never been any deviation from that."

A White House official told POLITICO that Shulkin's job is safe for now, assuming he doesn't do anything to further inflame the controversy surrounding his travel.

Shulkin declined to say how many people were involved in what he described as "subversive events." Several political appointees are believed to have been pushing for his ouster, as have some White House aides. On Feb. 14, White House communications officials ordered Shulkin to remove a statement he had posted on the VA's website, and demanded that VA spokesman Curt Cashour replace it with another.

Shulkin said he didn't fully understand the nature of the uprising. He noted that the Concerned Veterans of America, a Koch brothers-backed group linked to some of Shulkin's White House and VA foes, was among 26 veterans groups that signed off on a bill he negotiated with Congress to expand veterans' access to health care outside VA facilities.

Concerned Veterans has pushed for greater choice for veterans, while Shulkin has been more cautious, not wanting to gut the agency's venerable health services by allowing veterans to get all their care outside the agency.

But Shulkin said he saw the attack as a "classic power struggle" with highly political foes who "saw we had a secretary who'd been working effectively in a bipartisan way" and couldn't tolerate it.

While it is not simple to fire a political appointee, he said, "I don't think everybody's going to remain at the VA."

Shulkin is the only Cabinet-level holdover from the Obama administration who was reappointed by President Donald Trump. He was confirmed with unanimous support. Andrew Restuccia contributed to this report.

CORRECTION: A previous version of this report misidentified who ordered Shulkin to take down a statement on the VA's website and replace it with another. White House officials made the order.

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4.2 - Miltiary.com: [Alaska Music Therapy Program Treats TBI, PTSD](#) (22 February, Amy Bushatz, 9M uvm; San Francisco, CA)

ANCHORAGE, Alaska -- A program connecting troops and patients at the local Department of Veterans Affairs hospital with music therapy has been so successful that it is the subject of a summit Thursday between local military and veteran officials, state arts experts and the head of the National Endowment for the Arts (NEA).

The summit, held on Joint Base Elmendorf-Richardson (JBER), will focus on ways the program can be expanded to support more patients and families in Alaska, officials said at a reception here Wednesday.

Run as a partnership between an NEA program known as Creative Forces and the Defense Department, JBER's program has grown to 50 traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) patients since starting last summer, with about five new referrals each week, said Danielle Vetro-Kalseth, a music therapist who runs the program.

Patients enter the program through a group information session, she said. If they don't think it's the right fit for them, they don't have to continue.

Though music therapy, which can include playing instruments, drumming as a group and singing or examining and writing lyrics, might not seem macho enough for many troops or veterans, she's never had someone leave the program after the information session, she said.

"We always ask them to just come to the intake, see how you like it," Vetro-Kalseth said. "I have not had one person who doesn't continue."

Therapy sessions are offered both in groups and one-on-one, she said. She also works with speech and occupational therapists to use music therapy to help treat memory loss, fine motor skills and word recall, among other issues.

The Creative Forces program, which started almost a decade ago as a therapy program at the National Intrepid Center of Excellence in Washington, D.C., is offered at 12 bases nationwide, and NEA officials hope to expand it even further.

They also want the program here to evolve from an on-base-only offering to serving the community, with local art experts and therapists working together to help troops and veterans.

"It's not just an arts project -- it's the connection between clinical and healing arts therapy and the community piece where our service members and veterans can be in their community, be engaged and also in this arts program," said Jane Chu, who directs the NEA and is here for the summit. "We just think it's a win-win-win."

Alaska presents a unique challenge for connecting community arts programs and on-base resources because the state is so large and rural.

But connecting state-run arts initiatives, community programs and the federal program can help address that challenge, said Benjamin Brown, who heads the Alaska State Council on the Arts.

"The need is infinite, basically, compared to the resources we have," he said. "We are going to link what is currently happening at JBER with communities all across Alaska who can help."

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4.3 - The Plain Dealer: [Buildings at Cleveland VA sell for \\$160M to \\$170M, cutting ties tainted by corruption scandal](#) (22 February, Michelle Jarboe, 4.5M uvm; Cleveland, OH)

CLEVELAND, Ohio - An out-of-state investment firm has purchased three buildings and land at the Louis Stokes Cleveland VA Medical Center, in a \$160 million to \$170 million deal that cuts lingering ties between the VA and the family of a contractor jailed as part of a major corruption scandal.

Real estate records filed Wednesday show that affiliates of CGA Capital, based in Maryland, recently bought the VA's administration building, a 2,000-space parking garage and a 122-bed housing complex that serves homeless veterans. The purchase also included land along Wade Park Avenue, just north of the buildings, between East Boulevard and East 105th Street.

The sellers were companies tied to Patricia Lawley, the ex-wife of former contractor and developer Michael Forlani, according to public records. Forlani is serving an eight-year sentence in federal prison in Pennsylvania for racketeering, bribery and other crimes that surfaced during a wide-ranging corruption investigation in Cuyahoga County. He's set for release in May 2019.

Forlani developed the Wade Park buildings for the VA, which is a tenant with leases that were set to expire in 2021. Before he was indicted in 2011, he put Veterans Development LLC, the company that developed and owned the VA project, into an irrevocable trust with his wife as the sole beneficiary. Court records show that the couple divorced in 2014.

Cleveland VA administration complex

The sale included a 2,000-space parking garage and vacant land, once earmarked as a possible retail site along Wade Park Avenue.

Michelle Jarboe/The Plain Dealer

Even with Forlani out of the picture, though, the landlord-tenant relationship presented challenges for the VA. The project was tainted by corruption. None of the charges that Forlani pled guilty to involved the Wade Park buildings, but the medical center's former director went to prison in 2016 for providing inside information to contractors in exchange for bribes.

And a 2012 review of the deal by VA Office of Inspector General raised questions about whether the project, a campus consolidation and expansion, even made sense. The evaluation found that the VA ended up with insufficient, expensive space and identified problems in the process and the underlying agreements between the agency and the developer.

As a result of the scandal, Veterans Development LLC was barred from doing business with the federal government. That means federal agencies can't enter or renew contracts with the

company or agree to subcontracts of more than \$35,000 - making it tough, if not impossible, for the VA to work with its landlord to invest in or alter the buildings.

The sale to CGA eliminates that last snarl. The privately held company focuses on single-tenant properties, including buildings leased to government entities and healthcare providers. CGA didn't respond to an interview request about the Wade Park acquisitions.

Public records don't list one clear price for the real estate, but deeds and mortgage documents indicate that CGA paid somewhere between \$160 million and \$170 million - the bulk of that value associated with the office building and the garage.

Dan Geuther, a director with mortgage-banking firm Berkadia in downtown Cleveland, declined to comment on the deal. Berkadia acted as an advisor to CGA.

Lawley, who lives in Gates Mills, didn't return a phone call.

In an email, a VA spokeswoman said that the ownership change will allow the VA to make infrastructure improvements at the administration building, garage and residential building, which is called the domiciliary. The VA extended its lease on the property by a decade. "The change will not impact operations or veteran care," Kristen Parker, the spokeswoman, wrote.

Cleveland VA domiciliary

The 122-bed domiciliary, which serves homeless veterans, is a low-slung building tucked behind the parking garage. Doorways from an older apartment building, which the domiciliary replaced, were incorporated into the project.

Michelle Jarboe/The Plain Dealer

The sale of the Wade Park properties was the final step in unwinding the relationship between Forlani's family and the U.S. Department of Veterans Affairs in Northeast Ohio.

The complicated arrangement between Veterans Development and the VA, conceived in 2005 and agreed to in 2009, was designed to consolidate the agency's Brecksville and Cleveland operations in University Circle. Veterans Development not only tackled the expansion project in the city but also took control of the Brecksville campus through a long-term lease.

Last year, the city of Brecksville took over that lease, with the goal of working with the VA to acquire the property. The city could take ownership of the 102-acre site from the federal government within weeks. The campus is slated to be cleared for long-term redevelopment.

Brecksville is considering a development deal with the DiGeronimo Companies of Independence. Legislation related to the land deal and the possible development agreement is making its way through Brecksville City Council.

The property sales in Cleveland occurred with much less fanfare.

CGA's purchase didn't require any public airings. But it did involve behind-the-scenes blessings from the Cleveland-Cuyahoga County Port Authority and the city of Cleveland, who had a hand in the development financing for the Wade Park projects.

The port originally acted as a middle man, issuing \$115 million in bonds sold to a private investor to support the construction-and-lease deals. The city approved a tax-increment financing arrangement, under which new property-tax revenues generated by a project go toward paying off project debt.

Those preexisting agreements, and other aspects of the original deal, required the city and the port to sign off on the ownership change.

"In order to facilitate this transaction, the city had to execute several documents acknowledging the assignment of the obligations from the seller to the buyer and affirming that the TIF existed and was not in default. ... The change in purchaser has no impact on the payment obligations under the TIF," city spokesman Dan Williams wrote in an email.

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4.4 - Pittsburgh Tribune-Review: [VA Pittsburgh presents nurse practitioner with first I CARE award](#) (22 February, Brian Bowling, 1.5M uvm; Pittsburgh, PA)

The VA Pittsburgh Healthcare System kicked off its I CARE Award program by recognizing a nurse practitioner who created 200 handmade thank you cards for Veterans Day.

Evelyn Zimmerly, an 18-year employee who works in Surgery Services, collaborated with her sister, Jacqueline Kabel. Kabel started The Red, White & Blue Card Company when she couldn't find military-themed cards to commemorate her son graduating from basic training and thanking a friend's two sons when they returned from deployments in Iraq.

Zimmerly, 58, of Oakmont designed the cards to reflect the different service branches and eras and arranged for the University Drive staff to distribute the cards the day before Veterans Day because the VA doesn't scheduled medical appointments on the holiday.

The award recognizes employees for exemplifying five core values: integrity, commitment, advocacy, respect and excellence, according to the Department of Veterans Affairs. The healthcare systems executive board selects recipients based on nominations from fellow employees.

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4.5 - Fayetteville Observer: [Our View: Shulkin should continue as VA secretary](#) (22 February, Editorial Board, 439k uvm; Fayetteville, NC)

David Shulkin is under fire, which is the experience that a lot of Veterans Affairs secretaries have had in recent years. The VA is no simple management project. It never has been. And the nation's longest-ever wars in Afghanistan and Iraq have added many thousands more combat veterans whose physical and mental health issues would challenge any health-care organization.

But Shulkin's controversy is different. Unlike several of his predecessors, he can point to significant successes in delivering care to the nation's veterans. We can see that here in Fayetteville, where our VA hospital has been improved and a sprawling new outpatient clinic

has been added to serve veterans in this region. Waiting times, once outrageously long, have declined. The quality of patient care has improved. And this isn't the only part of the VA network that can make those claims.

Shulkin's problems are rooted in his own lousy decision-making. He's facing controversy over travel-expense abuses during an 11-day trip to Europe, on which, among other things, taxpayers picked up the tab for his wife to accompany him. It nearly got him fired, and it did lead to the abrupt retirement of his chief of staff.

Shulkin's previous problems were more political in nature. Some members of the Trump administration — and, it appears, even some high-ranking VA officials — want to increasingly privatize the VA's medical services. Shulkin is resisting such a move, as are the country's leading veterans groups. He believes the VA is the best source of medical care for veterans, although he has moved toward covering costs of medical treatment in civilian hospitals and clinics for veterans who live considerable distances from VA facilities. That makes sense, even though the VA has so far struggled with the details of that policy change.

But there is no doubt that for many veterans — especially those with service-related injuries and illnesses — the VA is the right place for that care, a place where specialists routinely work with conditions that are unique to combat veterans.

Shulkin may be the best-qualified VA secretary we've had. He was born on an Army post where his father was an Army psychiatrist. Both of his grandfathers fought in World War I. He is a physician, and married to a physician. He has spent most of his career in health-care management, including serving as CEO of Beth Israel Medical Center in New York City. He became under secretary of the VA in 2015 and President Trump promoted him to the secretary's job a year ago. He is Trump's only cabinet secretary to win unanimous confirmation by the Senate.

So for all those qualifications and achievements, tossing him out for a travel-spending infraction seems an overreaction. The White House appears to agree. An administration official told The Washington Post that Shulkin's job is safe, although, "if other stuff comes out, this could change, but for now, he's safe." There are, however, some knives out for Shulkin in other parts of the administration, because he's resisting Trump's desire to give veterans more options to get privately provided health care. Veterans advocates fear that is the beginning of a slippery slope that would mean dismantling of the VA system.

Common sense tells us that the solution on that issue is somewhere in the middle. Veterans with conditions requiring specialized care will likely always be best served by VA health care providers. But other veterans, whose health problems are routine and not related to military service, could often receive faster, more convenient and sometimes better care at clinics and hospitals outside the VA network. We expect the VA will continue to move in that direction.

But meanwhile, Shulkin has done well with the difficult job of streamlining and improving the VA. We hope this setback passes and he continues to do that job.

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4.6 - KXXV (ABC-25, Video): [Veterans voice concerns to VA officials at town hall meeting](#)
(15 February, Taylor Durden, 56k uvm; Waco, TX)

TEMPLE, TX (KXXV) - Dozens of veterans met with VA leaders in Temple Thursday night to address different concerns regarding the VA.

The VA hosts town hall meetings similar to this every few months.

"We're in the healthcare business. This is a people business. So it's important for us to come out, interact with our veterans face to face. They get to know who we are, we get to know who they are and work through their issues together," Christopher Sandles, Director of the Central Texas Veterans Health Care System, said.

Questions ranged from medications to veteran hiring guidelines to issues with restrictions to a specific gym at the VA.

"We have had a lot of issues that have been resolved when we come to the town hall meetings," Tim Kidder, a veteran, said.

Kidder and his wife attended Thursday's meeting to ask more questions, in hopes of getting more answers.

"One was my meds and the other is where my disability travel pay was going," Kidder said.

Several female veterans were also in attendance, asking for updates on services for women veterans.

"One in particular lack of providers for female veterans and that was addressed by the director," Adrienne Evans-Quickley, President of the Women's Army Corps of Veterans Association Chapter 94, said.

Director Sandles explained they are having a hard time staffing primary care doctors after people leave.

Evans-Quickley also asked for an update on the women's trauma recovery center that is moving to Waco.

"All veterans have a voice. All speak of their concerns and can get answers here. And we can hear each other and relate to what others are saying. Women veterans as well as men veterans," Yvonne Anthony Harrell, a member of the Women's Army Corps of Veterans Association Chapter 94, said.

Director Sandles promised to check on each veterans situation and get back to them.

"When I say I'm going to take a look at something, I do that," Sandles said.

Kidder said the follow up from VA staff is the most important thing.

"When they call us back up and say here's what we found out. This, this and that. And we're getting answers," Kidder said.

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4.7 - Milwaukee Independent: [VA Photography Program Brings Healing To Milwaukee Veterans With Health Disorders](#) (22 February; Milwaukee, WI)

Veterans who participated in “Exploring the Milwaukee Community through Photography” exhibit attended a meet-and-greet event on February 13, talking with members of the public about their images.

The photos have been on display in the Freedom Gallery, a space in the lower level of the Milwaukee County War Memorial. The exhibit was the culmination of a project offered through the VA Medical Center. It was part of a recreation therapy program for veterans receiving treatment in the Housing Urban Development, Veterans Affairs Supportive Housing, and mental health programs.

The photography program was developed last year by Courtney Zeller, a recreation therapist at the Milwaukee VA, with funding by the Elmbrook Rotary Club. She got the idea after doing home visits with some of her clients. The bare walls of the houses started her thinking about how to change that stark condition.

“Participants in the VA’s photography group learned how to use the techniques of photography such as lighting, framing, subject matter and composition to help them capture images in the community,” said Zeller. “The group started off by taking pictures of the grounds of the VA and then went into the community to various places including: Grant Park, Boerner Botanical Gardens, Third Ward, Riverfront, Lakefront, some of the veterans included pictures of other Recreation Therapy groups at Holy Hill and Kelly Lake.”

Zeller was interested not only in the decorative appeal of photography. Like other arts, photography can provide many therapeutic benefits to veterans with mental and physical health disorders, like post-traumatic stress disorder, addictions, obesity, chronic pain, and social isolation.

The benefits of the photography project have included improved self-esteem and confidence from learning new skills, improved focus and attention, decreased stress, increased self-esteem and confidence, sense of personal accomplishment, decreased social isolation, and improved social skills.

With Zeller and Milwaukee artist Burgermeister, the veterans learned about lighting, framing, subject matter and composition as they explored Milwaukee.

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[5. Improve Timeliness of Service](#)

5.1 - WTVF (CBS-22, Video): [VA Doctor Says Club Drug Could Be Key In Opioid Battle](#) (22 February, Sarah McCarthy, 854k uvm; Nashville, TN)

MURFREESBORO, Tenn. - A drug commonly known as Special K and sometimes used as an anesthesia in operating rooms has been helping veterans quit opiates cold turkey.

"These patients have had a long journey with pain and opiates, and they've often given up on life," said Dr. Randall Malchow, an anesthesiologist at the Murfreesboro VA campus. "There's anxiety and depression commingled in with unemployment, loss of productivity, and obesity. So to have an impact that is life-changing is tremendous."

Dr. Malchow said ketamine has the ability to reset our pain receptors in a way that allows patients to ditch traditional pain medications while still managing chronic symptoms.

Ending addiction while still treating pain may sound like a big promise, but Dr. Malchow said so far, results have proven promising.

About 50 veterans have completed his program, which consists of IV infusions of ketamine. Typically, four IVs administered over four days is enough to detox patients from opiates and manage their pain for a year or more.

"I believe, at least in my career, this could be a game changer," Dr. Malchow said.

The Murfreesboro VA hospital is the first in the country to offer the program. There's currently a waitlist to receive ketamine treatment.

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5.2 - WFLA (NBC-8, Video): [Veteran left in near vegetative state after computer at Bay Pines stops prescription, daughter says](#) (22 February, Steve Andrews, 692k uvm; Tampa, FL)

PINELLAS COUNTY, Fla. (WFLA) — A Pinellas woman was shocked to learn her father's medication for a traumatic brain injury was stopped by a computer at the Bill Young Medical Center at Bay Pines, and as a result, she says her father was left in a near vegetative state.

Barr's daughter and caregiver Brandye Jackson sits down with News Channel 8's Steve Andrews.

"It's called being flat, there's no expression, no cognition no movement on his own his arms legs, unable to speak even open his eyes," said Brandye Jackson, the daughter and caregiver of Air Force veteran Tom Barr.

In an effort to curb the overprescribing of narcotics and controlled substances, a computer, not a doctor is turning off or stopping prescriptions at the VA hospitals.

Records show Barr's medication was stopped by a computer at the facility. The doctor who was supposed to catch the error did not.

Jackson says her father suffered a traumatic injury four years ago, and the drugs Methylphenidate or Ritalin help him function.

"Because he has nothing to make his brain fire. Without that medication his brain won't fire," Ms. Jackson explained.

When Barr was admitted to the facility in January, Jackson says she left staff specific instructions on how to properly care for him. At the top of her list was the drug Methylphenidate.

"I was told every day that he was getting it, every day," added Ms. Jackson.

Brandye says she noticed her dad become less alert and responsive. His medical records show the drug was stopped.

Jackson says a doctor explained that after a patient is hospitalized for seven days, their prescription for a narcotic or a controlled substance is stopped by a computer.

"In his case, this alert went to a doctor who was on vacation, it wasn't forwarded to any other doctor that was taking over his care, and if nobody looks for the alerts daily, they don't get seen anyway," Ms. Jackson said.

A Bay Pines spokesperson Jason Dangel explains that narcotics and controlled substances are stopped when the prescriptions expire.

"This didn't just happen to my Dad, it's not just my Dad's medication that has fallen off, it's every veteran's medication," said Ms. Jackson.

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5.3 - WGCL (CBS-46, Video): [Report: Atlanta VA has over 37,000 claims to review](#) (22 February, Natalie Rubino, 587k uvm; Atlanta, GA)

DEKALB COUNTY, GA (CBS46) - According to the VA's "Monday Morning Work Load" report, right now the Atlanta VA has 37,751 claims to review. That number includes disability claims, benefit claims and burial claims, but what it doesn't include are appeals claims.

Right now Atlanta has 16,112 appeals that need review and only three teams for the task. Situated off of Clairmont Road in Dekalb County, Atlanta's VA office is dealing with a staggering case load.

"I will typically get 10 to 15 phone calls a day," said attorney Drew Early.

Early is veteran and an attorney specializing in VA claims. Every day he gets calls from vets asking for help and it usually comes after the VA denies a claim for benefits or other support.

"The bureaucracy is so cumbersome the average person doesn't know what the VA wants or maybe it's not expressed to them what they need," said Early.

The VA aims to respond to claims within four months but Early says it usually takes an average of 8 to 10 months for vets to hear a response after a claim is filed. Many vets in need of health care, housing and disability can't afford to wait.

"What do you do for people that are truly disabled that can't afford to wait these lengths of time. It's a real issue," said Early.

When it comes to appealing a claim, the process is even longer. Early estimates it takes three and a half years for the Board of Appeals in Atlanta to review a claim. That's because there's only three teams with about 10 people on each to review close to 17,000 appeals.

He says the change needs to happen by educating the workers who are helping the veterans file their claims in the first place and to make sure no paperwork information is missing.

"Put the right people, experienced people up front, helping the veteran or surviving spouse an SAYING this is what we need. then i think it could be better," said Early.

It's not just the regional office here in Atlanta struggling. Early estimates the average wait time for national VA appeals is about 4 and a half years.

According to VA numbers, nationally their amount of claims have decreased by more than half since 2013.

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5.4 - Chattanooga.com: [VA Tennessee Valley Healthcare System Using New Treatment For Opioid Dependency](#) (22 February, Chris Vadnais, 449k uvm; Chattanooga, TN)

"I felt alive again. I wanted to live again."

These are the words of a veteran who was shot in the hip in Vietnam nearly 50 years ago and has suffered from Complex Regional Pain Syndrome (CRPS) Type II, ever since. He started taking opioids in 2010 to treat his chronic pain and post-traumatic stress.

His body eventually built up a tolerance and the medication started to affect his mood, and he decided he no longer wanted to take opioids

"I tried to get off by myself, but I couldn't," he said. "I was sick as a dog every time I tried. I was fed up and I told my doctor they had do something."

This could be the story of any of thousands of Veterans who feel trapped in opioid dependency. However, this veteran found a solution at the VA Tennessee Valley Healthcare System (TVHS). After five years of research and consultation with his own VA doctor, he traveled from Pennsylvania to Nashville to meet the only VA doctor administering a new type of treatment: ketamine by infusion.

Historically, the VA has been an innovative force in American medicine. From conducting the first successful liver transplant to implementing electronic medical records, VA has played a leading role in setting standards for the healthcare industry.

Given that, it should come as no surprise this cutting-edge treatment for opioid dependency and chronic pain was born in a VA hospital.

Dr. Randall Malchow, a graduate of the U.S. Military Academy at West Point, has served as an anesthesiologist for TVHS since 2016. Deep study and an understanding of the effects of opioids on the body allowed Malchow to create the VA's first Ketamine Infusion Clinic, treating Veterans with a history of long-term opioid use for chronic pain and PTSD.

"The goals of the program are to reduce pain and hopefully, stop the use of opiates altogether," said Dr. Malchow.

With a 74% success rate, he has reason to be excited about the program, which is built on understanding the impact opiates have on chronic pain.

“Opiates lower a person’s pain threshold, lessening their ability to handle and manage pain,” said Dr. Malchow. “Having a lower threshold for pain, patients then build up a tolerance to opiates.”

Dr. Malchow said lower pain threshold equals a higher dosage required to treat the pain, therefore causing the body to become physiologically dependent. Further, Dr. Malchow said the use of opioids can amplify symptoms associated with PTSD such as anxiety and depression, which are often triggered by pain.

Ketamine is used as a primary anesthetic in operating rooms around the world. According to the International Anesthesia Research Society, it is one of the safest available. In the last five to seven years, research has indicated the unique properties of ketamine have had profound effects on anxiety, depression, and pain.

People who suffer from these symptoms have received low-dose injections of ketamine at various clinics throughout the U.S. -- with mixed results. However, Dr. Malchow takes the idea a step further, administering moderate dose ketamine infusions to Veterans with these symptoms.

“Ketamine has the effect of resetting excited pain receptors, allowing patients to feel pain in a normal way -- a manageable way,” he said. Further, he noted a major difference between the effect of opioids and ketamine, explaining, “with opioids, pain begets pain, which excites pain hormones.”

Malchow has found ketamine to decrease those pain hormones and allow Veterans to manage pain with anti-inflammatory medication, non-steroid pain medication, and even whole health practices which include yoga, tai chi, mindfulness, and chiropractic care.

49 Veterans have received ketamine infusion therapy at the Nashville VA hospital. Many note they felt almost immediate reduced levels of pain and relief from PTSD symptoms, but most of all, they report feeling free from dependency on opioids to get through the day.

A Navy veteran recalled her struggle with opioids, “I tried so hard to get off opioids myself. I was so sick, I couldn’t do it.” She told her doctor she needed hospitalization because she wouldn’t take another pill. Instead, she was referred to the ketamine clinic. Referring to how she felt after the infusion she shared, “the difference was like night and day.”

Dr. Malchow understands opioid addiction to be a national problem, and believes he’s doing his part to help carry out VA’s mission, “To care for him whom shall have borne the battle.” This includes using more effective pain management solutions like ketamine infusions in conjunction with other alternatives like whole health, nerve blockers, and non-opioid pain medication to help Veterans feel alive again.

TVHS is an integrated tertiary health care system comprised of two hospitals, the Alvin C. York Campus in Murfreesboro and the Nashville Campus, as well as more than a dozen community-based outpatient clinics located in Tennessee and Kentucky. TVHS provides ambulatory care, primary care, and secondary care in acute medicine and surgery, specialized tertiary care,

transplant services, spinal cord injury outpatient care, and a full range of extended care and mental health services.

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5.5 - New Hampshire Public Radio (Audio, Video): [N.H. Vet Becomes First Fitted With Two 'LUKE' Arms](#) (22 February, Peter Biello, 151k uvm; Concord, NH)

Engineers, doctors and officials with the Department of Veterans Affairs demonstrated Thursday how new prosthetic arm technology is working for one New Hampshire veteran. The hope is that what works for this veteran will work for others.

Ron Currier, 63, describes himself as a country boy. He likes to hunt and fish, and he says on a perfect day, he'll walk into the woods, "and just spend the day out there with my dogs, maybe build a fire, cook up some kielbasa, whatever," Currier says. "We'll both have something to eat or drink and just roam the woods."

Building a fire and cooking are a bit more challenging for Currier than it is for most people. Decades ago, he lost his arms in an electrical accident. Since then he's performed basic tasks with his stumps or prosthetic arms with hooks for hands.

All that's now changing, because Currier has just become the first man ever to be fitted with two sophisticated prosthetics called LUKE arms. "These are going to give me back my independence," Currier says.

LUKE stands for "Life Under Kinetic Evolution" and they were developed by DEKA Research in Manchester, with the help of DARPA (Defense Advanced Research Projects Agency) and Mobius Bionics of Manchester, the manufacturer.

These work a couple different ways. One is a shoe sensor. Raising your heel or your toe, for example, to move the arm up or down.

The other way involves electrodes connected to Currier's muscles. Matt Albuquerque of Next Step Bionics & Prosthetics in Manchester helped fit the LUKE arms to Ron Currier's body.

"And I'll say, 'Ron, open your hand.' And he'll open his hand and use the muscles that he used to use to open the hand that's no longer there. Those electrodes pick up that signal," says Albuquerque.

The price varies based on the needs of the user. Currier's left arm alone cost \$150,000, paid for by the VA.

LUKE Arm technology has been available to veterans since July of last year. But getting a LUKE arm ready for use takes a long time, says Dean Kamen of DEKA.

"When somebody loses an arm in combat, it's a pretty violent event, and the amount of residual limb they have left is a matter of what the explosion was, not a carefully planned amputation," says Kamen.

And so each LUKE arm has to be custom-built and fitted. That takes multiple trips back and forth to doctors' offices. Before this week, the only place vets could go for that was the VA in Bronx, New York.

That was too far for Currier.

"In fact, they told us he had to go to the Bronx and Ron dropped about 50 F-bombs," says Ed Kois, one of Currier's doctors.

Kois is also one of a dozen whistleblowers who came forward last year with allegations of substandard care at the Manchester VA.

His status as a whistleblower got him an audience last year with VA Secretary David Shulkin, and they still keep in touch by email. Kois says after Currier dropped those F-bombs, he sent Shulkin an email about getting Currier fitted in Manchester.

"And 18 minutes later I got a reply from Shulkin that said, 'That's a terrific idea. I'll support you whatever way I can,'" Kois says.

Currier is the first veteran to be fitted with the new technology in Manchester, but nobody I spoke to for this story wants him to be the last. Last fiscal year, the VA nationally cared for about 5,000 veterans with arm amputations. Some of those vets may be eligible for LUKE arms. But it's unclear whether a fitting in Manchester will ever happen again.

John McNemar is another of the Manchester VA whistleblowers. He's happy veterans will benefit. But he worries all this press attention for the LUKE arms takes the spotlight away from continuing problems at the Manchester VA itself. In particular--the operating room, which was closed in July due to flooding from a burst pipe.

"Personally, I think the focus should be on getting this operating room reopened and getting patients, veterans back here for their procedures that they're currently having out in the community, that we're capable of doing here."

The Manchester VA hasn't yet identified other New Hampshire vets who may be eligible. Speaking on stage Thursday, Ron Currier says once he's learned how to better use his new LUKE arms, he has big plans.

"Ice climbing at Cathedral Ledges. I really want to go climb it and repel down it. I think that'll be a lot of fun."

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5.6 - KOTA (ABC-3, Video): [KOTA News Extra: Secondary PTSD](#) (21 February, 98k uvm; Rapid City, SD)

RAPID CITY, S.D. (KOTA TV) - For some veterans, the battle doesn't end when they come home from combat.

Studies find that 20% of Iraq and Afghanistan veterans have PTSD and/or depression. But what the numbers don't tell you is that people who take care of trauma victims can wind up victims themselves.

"I'm not who I was anymore, it's changed to depression and anger," said Jamie Brown, wife and caregiver of veteran Terry Brown.

Commonly referred to as secondary PTSD, while not a formal diagnosis, psychologist Dr. Patrick Keohane says symptoms of PTSD can rub off on caregivers.

"I would call it an anxiety disorder," said Dr. Keohane. "Many of the caregivers suffer a lot of anxiety and depression. It's a challenge working with a veteran with PTSD. They are home 24/7 with their veterans and if they are having a difficult time, they are in the background trying to calm things and help the veteran cope."

Symptoms of PTSD include anger episodes, social isolation, and hypervigilance. As Dr. Keohane says, since partners are always trying to help their veterans cope, the constant worrying can have a negative impact.

"It's hard on me because I am taking the brunt of it and I don't understand it myself. It's hard walking on eggshells all of the time," said Brown.

One of the first psychologists to study this and understand this effect uses the term vicarious victims.

But the Department of Veterans Affairs offers help through their Care Giver Support Program. This is a program for recent combat veterans that provides financial support, training, educational resources and many tools to ease the burden on the caregiver.

Brown says they also help provide emotional support, such as flying in family during a difficult time and counseling for caregivers.

For the veteran, it provides in-home care, respite care, home-based primary care, adult health care centers, as well as counseling.

"It's important to have something for the spouses, wives or husbands. I'm glad that there are programs such as this so she can be able to stick around with strength and the strength of the people behind her with this program," said Terry Brown.

The help takes the weight off the shoulders for the caregivers, something Bridget Sweir, wife of veteran Wayne Sweir, is thankful for.

"The healthier I am and the better I take care of myself, the better I can be to take care of Wayne and the program does a great job of encouraging self-care."

The program serves 60 families in the Black Hills. If you are a recent combat veteran and want to find out if you and your family qualify, you can reach out by calling the VA of the Black Hills at 1-800-743-1070 for Fort Meade, and 1-800-764-5370 for Hot Springs.

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5.7 - WCIA (CBS-3): [Man sent to VA for mental health evaluation, Asked deputies for help making arrests](#) (22 February, Emily Braun, 85k uvm; Champaign, IL)

CENTRAL ILLINOIS (WCIA) -- A man accused of impersonating a police officer in Edgar County is undergoing a mental health evaluation at the VA, in Vermilion County.

40-year old Justin Hefner is accused of impersonating a public official, unlawful use of a weapon and unlawful use of body armor.

He was supposed to be in court Thursday, but was transferred to the VA.

He was evaluated by the Edgar County Jail's crisis team and sent for the mental health evaluation.

The judge rescheduled Hefner's preliminary hearing to March 15.

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6. [Suicide Prevention](#)

6.1 - KAMR (NBC-4, Video): [Raising Awareness for Veteran and First Responder Suicides](#) (22 February, Judd Baker, 54k uvm; Amarillo, TX)

AMARILLO - 22 Veterans and first responders commit suicide every day. Thursday some people rode their motor-vehicles to raise awareness.

Save the Veterans 22 Amarillo is dedicated to preventing and raising awareness for first responder and Veteran suicide.

The 22nd of every month at 2:22 p.m., the group runs from the Texas Panhandle War Memorial on I-27 and Georgia all the way to the Thomas E. Creek V.A. Medical Center.

They said Veterans and first responders who need help just need one person they can turn to.

"It is very difficult to ask for help. I myself am a Veteran and I know how that is. Trying to talk to somebody who doesn't understand. That has never been there and has never seen those things. They don't know how to talk to you because it is a different world," said Derik Jobe, Save the Veterans 22 Amarillo Co-Chairman.

Save the Veterans 22 Amarillo said anyone in the community is welcome to attend.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Home HQ): [Caught in the 'churn'? Take these steps to limit your loan-related solicitations](#) (22 February, Kevin Lilley, 2.1M uvm; Springfield, VA)

One day, you've closed your VA-backed loan. The next day, your new house is filled with refinance offers, and your voicemail and email inboxes might not be far behind.

Moves to limit rapid refinances, especially those where the borrower's expected savings vanish in the fine print, are underway on multiple fronts. But those pushes, targeting what's become known as 'churn,' won't save your mailbox from overcrowding.

Here are some options to battle the clutter on your own:

1. Find a list. The National Do Not Call Registry can remove your number from many telemarketing rolls; any calls you get after registering are more likely to be scams. You can also opt out of direct-mail and email marketing via the Data & Marketing Association.
2. Credit opt-out. Applying for a mortgage may put your contact details into the hands of other credit-related agencies, and you could see an increase in mail and phone offers. OptOutPrescreen.com allows users to opt out of these offers either for five years or permanently. Need to shop for a new financial product and wish you had more offers? You can go back to the site and opt in again.
3. Complaint department. If you've received solicitations after requesting them to stop, or you believe the sales pitches are misleading or fraudulent, run up red flags via the Federal Trade Commission, the Consumer Financial Protection Bureau, or both. The FTC has a dedicated link for solicitors who imply they're representing the government or backed by a federal agency, which may come in handy in some VA loan-related situations.

Sens. Elizabeth Warren, D-Mass., and Thom Tillis, R-N.C., introduced bipartisan legislation they say would combat Sens. Elizabeth Warren, D-Mass., and Thom Tillis, R-N.C., introduced bipartisan legislation they say would combat "loan churning" and better protect veterans from predatory loan practices. (AP photos)

Ready to look at a serious refinance, or just seeking more details on the VA loan system? Visit our VA Loan Center.

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7.2 - Leavenworth Times: [VA patients treated to day on the slopes](#) (22 February, Mark Roundtree, 49k uvm; Leavenworth, KS)

A nonprofit organization that advocates for the U.S. Army recently provided funding to assist patients at the domiciliary at the Eisenhower VA Medical Center with their rehabilitation program.

And have a little fun too.

The Henry Leavenworth Chapter of the Association of the United States Army (AUSA) donated \$750 to Midwest Adaptive Sports so that patients at the VA could enjoy a day of skiing at Snow Creek ski resort in Weston, Missouri.

A group of approximately 10 domiciliary patients took part in the trip to the ski resort as part of their recreation therapy program.

Participants spent approximately four hours on the slopes.

Al Mueller, a ski instructor at Snow Creek, helped facilitate the wounded warriors' visit to the ski resort.

"It's something a little bit different than the facilities they have at the dom," Mueller said. "They had a good time."

Cal Johnson, president of the local chapter of the AUSA, said the ski trip was part of the organization's Helping Our Own at Home initiative.

He said the ski trip was one of numerous initiatives that AUSA supports to help veterans and their families.

Johnson said the organization donates approximately \$15,000 each year to Army service members and their families.

According to organization secretary Judy Bauer, AUSA also donated money to the Family, Morale, Welfare and Recreation department at Fort Leavenworth and the Better Opportunities for Single Soldiers program at the military installation.

Each year, AUSA hosts a golf tournament as its primary fundraiser. This year's tournament is May 4 at Leavenworth Country Club.

Snow Creek is in its 32nd year of operation. The resort features 12 trails of varying degrees of difficulty and five snow tubing lanes that are 700 feet long.

The ski resort has more than 60 snowmaking machines.

The resort is open for business from mid-December through mid-March.

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7.3 - WVIK (NPR-90.3): [Ashford Loses GI Bill Eligibility](#) (22 February, Michelle O'Neill, 17k uvm; Rock Island, IL)

Ashford University no longer qualifies to receive G-I Bill benefits for its students. Illinois US Senator Dick Durbin says an agency in California has denied the company's application to remain eligible for funding. The for-profit school is based in California.

When Ashford closed its main campus in Clinton, Iowa, a state agency withdrew approval of veterans benefits. Ashford challenged that decision in federal court, but lost. So the university applied to the California State Approving Agency for Veterans Education.

Ashford University has a long history of exploiting the men and women who have served our country in uniform in order to pocket millions in federal G-I Bill education benefits.

Calling it a "predatory company, " Durbin says Ashford, "has a long history of exploiting the men and women who have served our country in uniform in order to pocket millions in federal G-I Bill education benefits."

Durbin has asked the Department of Veterans Affairs to stop sending G-I Bill funds to Ashford. He also wants the VA to help veterans who are currently enrolled at Ashford and may no longer receive tuition assistance.

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8. [Other](#)

8.1 - WGNS (AM-1450, Audio): [Tennessee Valley Healthcare System youth volunteer from Rockvale earns \\$20,000 VA scholarship](#) (22 February, 47k uvm; Murfreesboro, TN)

17-year-old Leanna Edwards of Rockvale, Tennessee has earned the top award of \$20,000 in the Department of Veterans Affairs (VA) 2018 James H. Parke Memorial Youth Scholarship Award program.

Tom Gallagher oversees the coordination of volunteers at the VA campus in Murfreesboro. He told WGNS about Ms. Edwards...

Edwards, a senior at Central Magnet High School, is the first Parke Scholarship recipient from Tennessee. She has volunteered at the Tennessee Valley Healthcare System (TVHS) Alvin C. York campus since age 13. In that time, Edwards has clocked more than 1,300 volunteer hours serving in various volunteer positions. Among the areas in which she has worked are diabetes education, the Operation Iraqi Freedom / Operation Enduring Freedom office, and the hospice unit -- where supervisors said her bright personality made her a favorite with patients.

"She's built relationships with these people," said Tom Gallagher, Chief of TVHS Voluntary Service. "She doesn't just come in to put her hours in; she gets to know these Veterans, and she knows their stories. She becomes intimately familiar with folks and she becomes friends with them," he said.

Supervisors also said Edwards also has a tremendous work ethic. In addition to serving during summer months, she volunteered during her school breaks throughout the years.

"She's devoted. She's faithful. She comes when nobody else comes," said Darlene Haynes, TVHS Voluntary Service program specialist and Edwards' direct supervisor. "Her spring break, her fall break, her Christmas break, she comes. She's here," said Haynes.

Each VA medical center can nominate one Veterans Affairs Voluntary Service (VAVS) student volunteer for an award. Tennessee Valley Healthcare System Director, Jennifer Vedral-Baron, says Leanna has been a tremendous asset to the medical center, and is someone for whom service seems to come naturally.

"When you meet her, you see the energy, the intelligence, the shine in her eyes that she's going to give back to her community," said Vedral-Baron. "We couldn't be more proud of Leanna, and of her recognition."

The James H. Parke Memorial Fund was named for the first Director of VA Voluntary Service and the founding father of the Department of VAVS National Advisory Committee member organizations. The memorial fund was established in 1976 to serve as the non-profit source of funds for a VAVS Youth Scholarship. Organizations, volunteers, VA staff and others continue to contribute to the Fund.

To be eligible for the award, candidates must have completed 100 hours of regularly scheduled VAVS volunteer service during the calendar year, be a student in the 10th grade or above, and have not yet reached their 19th birthday.

TVHS depends on the goodwill of volunteers who want to give back to America's heroes. Volunteers provide many important functions throughout TVHS facilities to help make Veterans' visits more comfortable. Anyone interested in volunteering should call 615-225-6497.

TVHS is an integrated tertiary health care system comprised of two hospitals, the Alvin C. York Campus in Murfreesboro and the Nashville Campus, as well as more than a dozen community-based outpatient clinics located in Tennessee and Kentucky. TVHS provides ambulatory care, primary care, and secondary care in acute medicine and surgery, specialized tertiary care, transplant services, spinal cord injury outpatient care, and a full range of extended care and mental health services.

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Subject: [EXTERNAL] 27 February Veterans Affairs Media Summary and News Clips

Date: Tue Feb 27 2018 04:16:09 CST

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Veterans Affairs Media Summary and News Clips

27 February 2018

1. [Top Stories](#)

1.1 - Washington Post: [White House meets with veterans groups amid dispute at VA, tension over access to health care](#) (26 February, Emily Wax-Thibodeaux, 43.9M uvm; Washington, DC)

White House Chief of Staff John F. Kelly told top veterans advocates Monday that President Trump supports Veterans Affairs Secretary David Shulkin, whose future in the administration was called into question this month amid a power struggle among political appointees, according to people who participated in the discussion.

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1.2 - Military.com: [Kelly Meets at White House With Vets Groups on VA Chaos](#) (26 February, Richard Sisk, 9M uvm; San Francisco, CA)

White House Chief of Staff John Kelly met with veterans groups Monday on the status of VA Secretary Dr. David Shulkin and the ongoing turmoil at the agency over Shulkin's charges that he was being undermined by Trump administration political appointees. The meeting at the White House included the advocacy group Concerned Veterans for America, which several of the major veterans organizations have charged is in league with efforts to oust Shulkin...

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1.3 - Military.com: [Shulkin Claims Trump's Backing to Remain Amid Political Infighting](#) (26 February, Richard Sisk, 9M uvm; San Francisco, CA)

VA Secretary Dr. David Shulkin claimed Sunday that he has President Donald Trump's backing to stay on the job while renewing charges that he is being targeted by White House political appointees. "So let me get right to it. This has not been the easiest past week or so for me or my wife," Shulkin said at the annual Disabled American Veterans (DAV) conference in Arlington, Va.

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1.4 - Buffalo News: [VA cemetery in WNY won't bear the name of 'Wild Bill' Donovan](#) (26 February, Jerry Zremski, 1.5M uvm; Buffalo, NY)

Veterans in Western New York may be happy they will finally get their own cemetery, but to hear Charles T. Pinck tell it, the graveyard will be missing something important. The veterans cemetery in Pembroke won't bear the name of William J. Donovan, a Buffalo-born World War I hero and founder of the Office of Strategic Services, the predecessor to the Central Intelligence Agency. And Pinck, president of the OSS Society – which works to preserve the memory of the nation's fledgling spy agency – isn't happy about it.

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1.5 - ConnectingVets: [Petition to restore abandoned Naval cemetery grabs the VA's attention](#) (26 February, Matt Saintsing, 24k uvm; New York, NY)

A petition to transfer an abandoned Naval cemetery in Northern California to the VA, which gathered more than 1,700 signatures, has gotten response from the Department of Veterans Affairs National Cemetery Administration (NCA). Posted on Feb. 11 by Vallejo resident Nestor

Aliga, a retired U.S. Army Colonel, the petition calls the Mare Island Naval Cemetery a “national shrine,” but chastises “its deplorable condition is a shocking disgrace to the honorable service...

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2. Greater Choice for Veterans

2.1 - Healthcare DIVE: [Developer proposes \\$1B Indiana hospital](#) (26 February, Kim Slowey, 60k uvm; Washington, DC)

There are other hospital projects underway in Indiana. In the southern part of the state, the Department of Veterans Affairs plans to build a \$925 million, 104-bed hospital in Louisville, Kentucky. There is no scheduled construction start date, but the VA anticipates the design will be ready for review sometime this year. The current Louisville VA hospital, the Robley Rex VA Medical Center, was built in the 1950s.

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3. Modernize Our System

3.1 - GCN: [How VA, ICE use data for decision making](#) (26 February, Sara Friedman, 162k uvm; Vienna, VA)

When it comes to treating veterans, the Department of Veterans Affairs collects information on a variety of health conditions for patients ranging in age from 18 to 90. But the agency has problems sharing this information with researchers who could use it advance medical treatments. “We have all of these data sets locked in silos and part of the problem is knowing that this data exists and how to access it...”

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3.2 - Healthcare Informatics: [VA Partners with DeepMind to Use AI to Identify Deterioration Risk Factors](#) (26 February, Heather Landi, 158k uvm; New York, NY)

The U.S. Department of Veterans Affairs (VA) has approved a medical research partnership with DeepMind, a London-based artificial intelligence research company, to develop and use machine learning algorithms to address the global issue of patient deterioration during hospital care. DeepMind was acquired by Google in 2014 and is now part of the Alphabet group, Google’s parent company.

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3.3 - Fierce Healthcare: [VA taps Google's DeepMind to predict patient deterioration](#) (26 February, Evan Sweeney, 141k uvm; Washington, DC)

The Department of Veterans Affairs has launched a partnership with Google’s DeepMind to analyze patient records and build a model that can predict when a patient is deteriorating. The VA said it will allow DeepMind’s algorithm to parse through 700,000 depersonalized health records, allowing the company’s algorithm to initially focus on predicting the onset of acute kidney injuries.

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4. Focus Resources More Efficiently

4.1 - WCVB (ABC-5, Video): On her deathbed, VA doctor blows the whistle on Mass. vets' care - Federal investigation open into claims of substandard care, poor management

(26 February, Kevin Rothstein, 1.2M uvm; Needham, MA)

Serving the underserved was the theme to Dr. Sarah Kemble's career, whether it be working with activists in Central America in the 1980s or helping found a community health center in Turners Falls. With that spirit, she took a job in 2014 as chief of medicine for the U.S. Department of Veterans Affairs for the central and western Massachusetts region. She believed that access to good health care was a right, not a privilege.

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4.2 - KRQE (CBS-13, Video): Veterans to show work at arts festival (26 February, 441k uvm; Albuquerque, NM)

New Mexico veterans are getting ready to show off their talents this week. The Veterans Creative Arts Festival begins Tuesday at the Raymond G. Murphy Center in southeast Albuquerque. Vets will be displaying their own music, art, creative writing, drama and dance.

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4.3 - MyNewsLA (CNS): Former VA administrator pleads guilty in parking lot bribes case

(26 February, Debbie L. Sklar, 159k uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contracts administrator pleaded guilty Monday to federal tax charges and lying to investigators when he denied taking bribes from a parking lot operator at the VA's Westside medical campus. Ralph Tillman, 58, of Whittier, who resigned in 2014 after being confronted by VA investigators, admitted that he took well over \$250,000 in "hush money" from Richard Scott...

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4.4 - Salisbury Post: James E. Taylor wins gold medal in VA hospital's Creative Arts Festival (27 February, Mark Wineka, 159k uvm; Salisbury, NC)

James E. Taylor, a Salisbury artist, was awarded the gold medal for oil painting at the 2018 Creative Arts Festival held at the W.G. Hefner VA Medical Center on Feb. 10. His painting, "Where the Eiders Live — Monhegan, Maine," is an 18-by-36-inch seascape, a picture of sea ducks feeding just off the rocky coast of Monhegan Island. The painting now advances to the national competition of the Creative Arts Festival, to be judged in May and held in Des Moines, Iowa, in October.

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5. Improve Timeliness of Service

5.1 - Atlanta Journal-Constitution (Video): Poisoned Camp Lejeune Marines and families to meet Tuesday in Atlanta (26 February, Brad Schrade, 11.9M uvm; Atlanta, GA)

The organizers of a community forum on poisoning at the U.S. Marine Corps' Camp Lejeune have had to close pre-registration because so many impacted Marines and families want to attend. The North Carolina base's drinking water contained toxic chemicals from the 1950s to the 1980s. Hundreds of thousands of people...

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5.2 - Miltiary.com: [Op-Ed: The Time For Caregiver Expansion Is Now](#) (26 February, Linda Bailey, 9M uvm; San Francisco, CA)

Linda Bailey is wife and caregiver to a disabled Air Force veteran of Desert Storm, a current DAV (Disabled American Veterans) Department Service Officer and a DAV Auxiliary Past Department Commander for Tennessee. In 1991, my husband Albert suffered several massive strokes while serving in the Air Force. Although I was just shy of crossing the 20-year mark with my employer and qualifying for retirement benefits...

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5.3 - GEEK: [Dogs Can Help Dramatically Reduce PTSD Symptoms in Vets](#) (26 February, Daniel Starkey, 3.2M uvm; New York, NY)

Dogs are peppy, excited, lovable, and can improve the outlook of Trauma patients. At least, that's how the thinking went. But there had been very little data to support the thesis. So little, in fact, that the VA wouldn't pay for the dogs or their training. But a new study shows that dogs are just as amazing as we've always thought.

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5.4 - KOLO (ABC-8, Video): [Bar code system helps eliminate medicine mistakes](#) (23 February, Terri Russell, 274k uvm; Reno, NV)

Improper dosage of medicine is the number one fatal medical error. At the VA Hospital in Reno, the Bar Code Medication Administration, or BCMA, is designed to connect the patient with the right medication with the right dosage at the right time. The patient is given a wrist band at the time he is admitted to the hospital.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Home HQ): [Know your benefit: VA reminds lenders to avoid unauthorized lending fees](#) (26 February, Kevin Lilley, 2.1M uvm; Springfield, VA)

Lenders received a reminder from Veterans Benefits Administration officials Friday to ensure the fees they charge to veterans using VA-backed loans are permitted under the program. On top of its funding fee, VA allows lenders to charge certain fees as part of the loan process; those fees can come in the form of interest rate adjustments.

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7.2 - WTVB (ABC-9): [Chattanooga Housing Authority gets 35 vouchers for homeless veterans](#) (26 February, 200k uvm; Chattanooga, TN)

The Chattanooga Housing Authority (CHA) says thanks to its Housing Choice Voucher Program, a grant from HUD has paid for an additional 35 vouchers for the CHA's VASH (Veterans Affairs Supportive Housing) Program. The CHA says two case managers from the VA

will be accepting applications from homeless veterans and will make referrals to the CHA to provide the additional vouchers.

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7.3 - WBFO (NPR-88.7, Audio): [With new National Cemetery coming to WNY, families encouraged to check eligibility](#) (26 February, Michael Mroziak, 37k uvm; Buffalo, NY)

By this fall, the U.S. Department of Veterans Affairs hopes to begin construction on the new Western New York National Veterans Cemetery in the Town of Pembroke. Officials with the U.S. Department of Veterans Affairs encourage those who served in the military to do their homework, and take advantage of a benefit that many may not know is one to which they are entitled.

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8. [Other](#)

8.1 - WRIC (ABC-8, Video): [VA shifts its policy regarding dog research](#) (26 February, Kerri O'Brien, 277k uvm; Richmond, VA)

8News has uncovered a shift in policy at the Department of Veterans Affairs when it comes to canine research. For the first time since 8News broke the story of deadly dog experiments at McGuire, it appears the VA is taking a closer look at use of dogs in research. In addition, Secretary David Shulkin is admitting that he is not a supporter of the research.

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8.2 - ConnectingVets: [Shulkin doesn't believe the VA needs canine research, but the invasive testing continues](#) (26 February, Jonathan Kaupanger, 24k uvm; New York, NY)

"I am not a strong believer in the need for canine research," said VA Secretary David J. Shulkin in an interview with The Daily Caller recently. He goes on to say, "I've put a new policy in place that there will be no additional research with dogs unless it got my personal approval." There's a problem with Shulkin's statement though: The secretary says, "no additional research." Well, he's not stopping the painful projects currently happening in VA facilities is he?

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[1. Top Stories](#)

1.1 - Washington Post: [White House meets with veterans groups amid dispute at VA, tension over access to health care](#) (26 February, Emily Wax-Thibodeaux, 43.9M uvm; Washington, DC)

White House Chief of Staff John F. Kelly told top veterans advocates Monday that President Trump supports Veterans Affairs Secretary David Shulkin, whose future in the administration was called into question this month amid a power struggle among political appointees, according to people who participated in the discussion.

The meeting was arranged by Kelly following revelations that Shulkin, the only Obama-era holdover in Trump's Cabinet, had become a target of conservatives hoping to install a new secretary who would be more supportive of their plan to expand health-care options beyond the VA system — a controversial program known as Choice. Leading advocacy groups, including the American Legion, the VFW and the Disabled Veterans of America, fear the goal is to dismantle VA, and they view Shulkin as an ally in that standoff.

Garry Augustine, who heads DAV's Washington headquarters, said the groups emphasized to Kelly their belief that Shulkin won't be effective unless VA's leadership team is united behind him. Kelly, a retired Marine general, appeared "gracious and intent on listening" to their feedback on how far the administration should go in offering private health-care options, Augustine said.

Most of the groups represented at the White House on Monday support legislation, put forward by Sens. Johnny Isakson (R-Ga.) and Jon Tester (D-Mont.), calling for a gradual expansion of the Choice program while maintaining healthy funding for VA. The Senate Veterans' Affairs Committee passed the bill last year, and the White House has signaled its support with "modest changes."

Since that vote, however, Sen. Jerry Moran (R-Kan.) introduced his own Choice expansion proposal and later merged it with a bill put forward by Sen. John McCain (R-Ariz.). Both pieces of legislation have stalled amid political fights.

In a statement released after Monday's meeting, White House officials said the Trump administration "continues to work with Congress . . . and will continue these discussions to ensure veterans receive the care they deserve."

One group that attended the White House meeting, Concerned Veterans of America, favors a more aggressive approach. Its plan would allow veterans to be treated at non-VA facilities, and then patients, doctors and hospitals would be reimbursed by the government. Critics say such a plan would be too expensive and could harm VA's funding.

CVA is backed by Charles and David Koch, billionaires who seek to roll back government bureaucracy. The group has been one of VA's most vocal critics since the agency's 2014 wait-time scandal was exposed. Its profile has grown during the Trump administration, with one of its former senior advisers, Darin Selnick, serving as veteran affairs adviser inside the White House.

CVA's attendance at the White House meeting caused palpable tension, according to multiple participants.

"We assumed the meeting was just for and among veterans service organizations, not political groups," said John Hoellwarth, a spokesman for the advocacy group AMVETS.

Dan Caldwell, a spokesman for CVA, said the group was grateful for the audience with Kelly and for the administration's broader receptiveness to its ideas.

"We look forward to continuing to work with President Trump and his team to advance reforms to the VA that will ultimately help our veterans," he said.

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1.2 - Military.com: [Kelly Meets at White House With Vets Groups on VA Chaos](#) (26 February, Richard Sisk, 9M uvm; San Francisco, CA)

White House Chief of Staff John Kelly met with veterans groups Monday on the status of VA Secretary Dr. David Shulkin and the ongoing turmoil at the agency over Shulkin's charges that he was being undermined by Trump administration political appointees.

The meeting at the White House included the advocacy group Concerned Veterans for America, which several of the major veterans organizations have charged is in league with efforts to oust Shulkin and outsource VA health care, according to sources familiar with the meeting.

The meeting with retired Marine Gen. Kelly included the executive directors of the so-called "Big Six" veterans service organizations -- the American Legion, the Veterans of Foreign Wars, the Disabled American Veterans (DAV), AmVets and the Paralyzed Veterans of America (PVA).

Also attending were CVA, the Military Officers Association of America, the Vietnam Veterans of America, and the Wounded Warrior Project, according to the sources.

Following the meeting, VFW Executive Director Bob Wallace issued a statement calling the session "very productive." He said "We discussed current legislation that would better care for veterans and we discussed current operations inside the Department of Veterans Affairs. It was a good meeting."

Kelly called the meeting last week following the release of the VA Inspector General's report charging that Shulkin improperly billed to the government the \$4,132 airfare for his wife on a trip to Denmark and London last July and also wrongly accepted free tickets to the Wimbledon tennis tournament.

Shulkin at first disputed the report but then accepted responsibility and said he has already written a check to reimburse the Treasury.

He followed that up with his own charges that the IG's report was symptomatic of the "subversion" he was fighting from political appointees at the White House and within the VA who accused him of foot-dragging on expanding private-sector health care choices for veterans.

The major veterans organizations, while expressing "disappointment" with Shulkin's travel expenses, backed keeping him on the job as a hedge against overreliance on private sector care that they said would gut the core mission of the VA.

The CVA, which is mainly funded by the conservative Koch brothers organization, has denied wanting to "privatize" the VA, and said that private care under the Veterans Choice Program, should be an option when it's in the best interest of the veteran.

At a DAV conference on Sunday, Shulkin renewed his charges against the political appointees. "People who have subversive ideas or are creating two different agendas don't have a place in the VA, and people have to make a decision whether they're going to be on the team or off the team," Shulkin said.

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1.3 - Military.com: [Shulkin Claims Trump's Backing to Remain Amid Political Infighting](#) (26 February, Richard Sisk, 9M uvm; San Francisco, CA)

VA Secretary Dr. David Shulkin claimed Sunday that he has President Donald Trump's backing to stay on the job while renewing charges that he is being targeted by White House political appointees.

"So let me get right to it. This has not been the easiest past week or so for me or my wife," Shulkin said at the annual Disabled American Veterans (DAV) conference in Arlington, Va.

Shulkin referred to the Department of Veterans Affairs Inspector General's report last week charging that he improperly billed the \$4,132 airfare for his wife on a trip to Denmark and London last July and also wrongly accepted free tickets to the Wimbledon tennis tournament.

Shulkin at first disputed the report but then accepted responsibility and said he has already written a check to reimburse the Treasury.

He followed that up with his own charges that he is fighting "subversion" within the agency from political appointees who see him as an obstacle to expanding private-sector health care choices for veterans.

"It's my job to keep pushing for what's the right thing for veterans and what's consistent with the president's agenda," Shulkin told Stars and Stripes after his speech to the DAV.

"I don't want to slow down. I think there are efforts to try to politicize what we're doing, and I'm trying to stay focused on the road ahead and keep us going," he said.

"My goal is to get us past this distraction and to make sure everybody understands there's only one team," Shulkin said. If political appointees are out to get him, he is also out to get them, Shulkin said.

"People who have subversive ideas or are creating two different agendas don't have a place in the VA, and people have to make a decision whether they're going to be on the team or off the team," Shulkin said.

Earlier, Gary Augustine, executive director of the VA, told Military.com, "It is political, it's getting a little nasty," and "the secretary is caught in the middle of it."

The DAV and other veterans service organizations have pointed to a December e-mail from Jake Leinenkugel, a White House adviser on veterans affairs, to Camilo Sandoval, a political appointee at the Veterans Health Administration.

The email, first reported by The Washington Post and later obtained by Military.com, showed that Leinenkugel favored replacing Shulkin with a more politically attuned secretary who would rapidly expand private care for veterans.

Leinenkugel, a former brewery company executive who served six years in the Marine Corps and left with the rank of captain, said in a list of "solutions" that Shulkin should be "put on notice to exit" once other legislative priorities were passed.

Leinenkugel also targeted VA Deputy Secretary Tom Bowman, the No. 2 official at the agency, saying that Bowman "doesn't trust the current slate of political staff."

White House Chief of Staff John Kelly, a retired Marine general, has called a meeting Monday with the major veterans organizations to address their concerns over Shulkin's claims that he is being "undermined" by the political appointees.

Leaders of the VSOs have backed Shulkin and charged that the political appointees are being influenced by the advocacy group Concerned Veterans of America, which is funded by the conservative Koch brothers, on the "privatization" of the VA health care system, the largest in the nation.

CVA has consistently replied that it backs private care when it's in the best interests of the veteran.

At a National Press Club news conference last Friday, Denise Rohan, national commander of the two-million member American Legion, said veterans "deserve treatment in a system that was created specifically for them."

"We believe it is a system worth saving," Rohan said. "Yes, it is far from perfect, but I challenge anyone to come up with a health care system that is perfect" or offers "better health care service than what we have at the Department of Veterans Affairs."

She called on the White House to ignore the "well-funded lobbying effort" aimed at undermining through privatization the central mission of the VA to serve the health care needs of nine million veterans annually at 170 hospitals and more than 1,100 outpatient facilities.

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1.4 - Buffalo News: [VA cemetery in WNY won't bear the name of 'Wild Bill' Donovan](#) (26 February, Jerry Zremski, 1.5M uvm; Buffalo, NY)

WASHINGTON – Veterans in Western New York may be happy they will finally get their own cemetery, but to hear Charles T. Pinck tell it, the graveyard will be missing something important.

The veterans cemetery in Pembroke won't bear the name of William J. Donovan, a Buffalo-born World War I hero and founder of the Office of Strategic Services, the predecessor to the Central Intelligence Agency. And Pinck, president of the OSS Society – which works to preserve the memory of the nation's fledgling spy agency – isn't happy about it.

Pinck said he thought for sure the cemetery would be named for Donovan, given who proposed the idea in the first place.

"We were very pleased when Senator Charles E. Schumer, a New York Democrat, held a press conference several years ago to announce his support for naming the cemetery in General Donovan's honor," Pinck said.

Sure enough, nearly four years ago, Schumer – now Senate minority leader – said: " 'Wild Bill' Donovan is a true Western New York hero, and I cannot think of any better way to commemorate his life, and honor our region's veterans, than by naming the new Western New York Veterans Cemetery after 'Wild Bill.' "

It seems Schumer got a little ahead of himself. Some local veterans objected to naming the cemetery for Donovan, saying it shouldn't be named for any one veteran. And the Department of Veterans Affairs then decided in 2016 it would be better to call the graveyard the Western New York National Cemetery.

"According to a source in Buffalo, the decision not to name the cemetery in honor of General Donovan was made by the Veterans Administration and Senator Schumer did not oppose it," Pinck said.

Asked about what happened, Schumer's spokesman, Jason Kaplan, said Schumer's efforts were directed elsewhere.

"Senator Schumer is focused on getting all the i's dotted and t's crossed so this much-needed Western New York veterans cemetery can get up and running as soon as possible," Kaplan said. "Once the whole of the Western New York community develops a broad and deep consensus on the naming, of course Senator Schumer will champion what they choose."

Schumer didn't push Donovan's name too hard for a reason, said Patrick W. Welch, a longtime Buffalo veterans advocate who fought for the cemetery's construction for years.

"There's a significant number of veterans who don't want it named after any one veteran," said Welch, who himself supported naming the cemetery for Donovan before changing course after hearing from other vets.

Welch doesn't fault Schumer for backtracking on the name for another reason, too. For years now, Schumer has been pushing to get the cemetery built despite long delays over land acquisition.

"We must credit Senator Schumer for becoming our champion on this cemetery," Welch said in an email to other veterans advocates last week. "If not for him, the veteran population requirements would have stood in place and we would not be getting our own National Veterans Cemetery. If not for him, the funding would not have happened. So no matter your politics, we do need to thank him."

Schumer announced last week that land acquisition had finally been completed for the 269-acre cemetery at the intersection of Indian Falls Road and State Route 77 in the Town of Pembroke. That means construction should be able to begin later this year, with the first gravesites becoming available a year or so later.

Pinck stressed that if the cemetery isn't going to be named for Donovan, the Buffalo area ought to find a way to honor him. Donovan lost his only local honor when the Donovan State Office Building was converted into a Courtyard by Marriott Hotel and offices several years ago.

"Every time we have tried to honor General Donovan, one of America's greatest patriots and most highly decorated soldiers, our efforts have been thwarted," Pinck said.

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1.5 - ConnectingVets: [Petition to restore abandoned Naval cemetery grabs the VA's attention](#) (26 February, Matt Saintsing, 24k uvm; New York, NY)

A petition to transfer an abandoned Naval cemetery in Northern California to the VA, which gathered more than 1,700 signatures, has gotten response from the Department of Veterans Affairs National Cemetery Administration (NCA).

Posted on Feb. 11 by Vallejo resident Nestor Aliga, a retired U.S. Army Colonel, the petition calls the Mare Island Naval Cemetery a "national shrine," but chastises "its deplorable condition is a shocking disgrace to the honorable service, uncommon valor, and selfless sacrifice of our courageous Veterans buried there."

In response, the NCA penned an op-ed in the Vallejo Times-Herald in support for refurbishment, but now assuming responsibility of the crumbling cemetery.

"In response to concerns recently raised about the conditions of the cemetery, NCA and the Navy assisted the City of Vallejo in preparing an application for the Department of Defense's (DoD) Innovating Readiness Training Program where military funds and manpower may be used for the restoration of this cemetery," the NCA wrote.

The Innovating Readiness Training Program (IRT) would most likely comprise of a team of U.S. Navy "Seabees," an engineering and construction unit who could fix some of the structural issues of the site including replacing headstones.

"If this project is approved, DoD would match a military department/unit with the project and work would start in Fiscal Year '19."

The 166-year old Mare Island Naval Shipyard was the first permanent U.S. Naval installation on the Pacific Coast. A 1993 Base Realignment and Closure (BRAC) round closed the shipyard, and in 1996 Naval operations ceased and the facility and adjacent cemetery was transferred initially to the state of California, and later to the city of Vallejo.

Vallejo, a city with more than 100,000 residents, filed for bankruptcy in 2008, and has been able to provide limited upkeep on the dilapidated cemetery, such as preening overgrown acacia trees.

But, the extensive damage requires more care and maintenance local volunteers could provide.

Headstones of veterans, many of which were killed while working at the shipyard, are crumbling. Fences are broken and some of the gates need repair.

While the city has been unable to provide the required maintenance, concerned Bay Area veterans and advocates has organized a National Day of Service last September to provide the space with some much needed aesthetic beautification.

With the site having historical significance, however, the volunteers were not permitted to fix the shattered headstones.

The Administration has worked directly with Vallejo Mayor Bob Sampayan on the applications, and has offered assistance in “replacing government headstones, as it would for any cemetery where veterans are buried.”

“The IRT project and the question of the NCA taking over are independent but complimentary subjects,” said Ralph Peters, a retired U.S. Navy Captain who has worked tirelessly to get the VA to assume responsibility of the cemetery.

“IRT makes no provision for perpetual care whereas the NCA taking over will ensure perpetual care. The IRT project actually compliments the NCA ownership because it will accomplish a lot of the work the NCA would have to perform anyway.”

While the petition calls on the NCA to assume responsibility of the cemetery, the NCA says the Sacramento Valley National Cemetery “served veterans and families in the northern bay area with in ground and above burial options.”

The NCA also said they will be expanding burial service to Bay-area vets with a new columbaria-only urban cemetery at the Alameda Point National Cemetery.

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2. Greater Choice for Veterans

2.1 - Healthcare DIVE: [Developer proposes \\$1B Indiana hospital](#) (26 February, Kim Slowey, 60k uvm; Washington, DC)

Dive Brief:

Developer Ambrose Property Group has proposed that a \$1 billion hospital complex be built in Carmel, Indiana, although the company is not offering any details on which healthcare system will anchor the project, according to The Indianapolis Star.

Even though Ambrose officials have declined to comment about the project, according to plans filed with the city, it will encompass 30 acres. On 15 acres, the company wants to construct five buildings, two parking garages and a rooftop helicopter pad. On the other 15 acres, Ambrose's plan includes four buildings and two more parking garages.

According to a purchase-inquiry letter Ambrose and a development partner sent to nearby property owners, 13 parcels would have to make way for the hospital complex.

The letter also said that Ambrose expects the Carmel Plan Commission to review the project proposal in April.

Dive Insight:

There are other hospital projects underway in Indiana. In the southern part of the state, the Department of Veterans Affairs plans to build a \$925 million, 104-bed hospital in Louisville, Kentucky. There is no scheduled construction start date, but the VA anticipates the design will be ready for review sometime this year. The current Louisville VA hospital, the Robley Rex VA Medical Center, was built in the 1950s.

Hospital systems around the country are upgrading their facilities and building new ones to keep pace with technology and to adjust to modern healthcare delivery methods. While big inpatient hospitals with emergency services aren't going anywhere, healthcare systems are experimenting with smaller "micro-hospitals" to extend their reach in areas that are not in close proximity to a major medical center.

The trend toward smaller facilities is also in response to millennials' increasing demand for more convenient healthcare alternatives, getting as close to on-demand services as they can. James Crispino, director of health and wellness at Gensler, told Construction Dive in December that a reduction in the average hospital stay has also made mini-hospitals a more viable option, leaving more serious cases for inpatient facilities.

The convenience factor especially comes into play with outpatient facilities, and their popularity has been a boon for the construction industry. In fact, in Modern Healthcare's annual Construction & Design Survey last year, researchers found that healthcare contractors were predicting strong growth in outpatient and retail clinics.

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3. [Modernize Our System](#)

3.1 - GCN: [How VA, ICE use data for decision making](#) (26 February, Sara Friedman, 162k uvm; Vienna, VA)

When it comes to treating veterans, the Department of Veterans Affairs collects information on a variety of health conditions for patients ranging in age from 18 to 90. But the agency has problems sharing this information with researchers who could use it advance medical treatments.

"We have all of these data sets locked in silos and part of the problem is knowing that this data exists and how to access it," Rick Chandler, chief financial officer for VA's Office of Information and Technology, said at the Feb. 22 Tableau Government Summit. "We have strong partnerships with some of the best academic institutions in the country, but using the power of data to make executive decisions is still a relatively new phenomenon."

VA recently conducted a pilot with the Tennessee Valley Healthcare System to test how a "behavioral integrated approach" to mental health could improve quality of care. The pilot

showed a 28 percent decrease in the number of suicide events and 38 percent drop in opioid abuse cases.

TVHS also was able to reduce costs by 16 percent, and employees were 20 percent more satisfied in their work. Based on these results, Chandler said, VA is working to figure out how it can replicate the program across the department's systems.

Immigration and Customs Enforcement also is finding benefits in better analytics.

ICE's Homeland Security Investigations component is composed of special agents, analysts, auditors and support staff who are responsible for tracking cross-border criminal activities. Peter Fitzhugh, assistant director of ICE's Information Management Division, said that work frequently requires HSI to ask congressional leaders for extra funding -- and they need data to back up their requests.

"Some of the new executive orders want us to look at the opioid crisis, MS-13 or worksite enforcement," Fitzhugh said. Through data analytics platforms like Tableau, HSI is developing ways to collect data from state and local partners to "provide a narrative to Congress" showing how increases in resources and man hours could improve their operations.

And while data-driven tools can help the agency find and catch criminals, Fitzhugh said HSI is facing "three pillars of doom" that are impacting agents' ability to take action based on their findings.

"Now that we have these fabulous tools that allow us to do stuff very quickly, we want to be able to react, but oftentimes the folks who are responsible for the data being safeguarded [are concerned about the data] being stored in a certain way," Fitzhugh said. Access controls and the potential "cross-pollination of [sensitive] law enforcement data" are also areas of concern that complicate the efforts, he added.

In order to address this challenges, he said, HSI is looking to bring privacy experts in on the ground floor of operations, so that benefits can be realized immediately rather than several months down the line.

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3.2 - Healthcare Informatics: [VA Partners with DeepMind to Use AI to Identify Deterioration Risk Factors](#) (26 February, Heather Landi, 158k uvm; New York, NY)

The U.S. Department of Veterans Affairs (VA) has approved a medical research partnership with DeepMind, a London-based artificial intelligence research company, to develop and use machine learning algorithms to address the global issue of patient deterioration during hospital care.

DeepMind was acquired by Google in 2014 and is now part of the Alphabet group, Google's parent company.

The partnership will focus on analyzing patterns from approximately 700,000 historical, de-personalized health records to develop machine learning algorithms that will accurately identify risk factors for patient deterioration and predict its onset. According to the VA, patient

deterioration accounts for 11 percent of in-hospital deaths around the world. Initial work will be focused on identifying the most common signs of risk, like acute kidney injury, a problem that can lead to dialysis or death, but is preventable if detected early.

According to a DeepMind press release, acute kidney injury is one of the most common conditions associated with patient deterioration, and an area where DeepMind and the VA both have expertise. "This is a complex challenge, because predicting AKI is far from easy. Not only is the onset of AKI sudden and often asymptomatic, but the risk factors associated with it are commonplace throughout hospitals. AKI can also strike people of any age, and frequently occurs following routine procedures and operations like a hip replacement," the company stated in a press release. "Our goal is to find ways to improve the algorithms currently used to detect AKI and allow doctors and nurses to intervene sooner," DeepMind officials said.

"Medicine is more than treating patients' problems," VA Secretary David J. Shulkin, said in a statement. "Clinicians need to be able to identify risks to help prevent disease. This collaboration is an opportunity to advance the quality of care for our nation's Veterans by predicting deterioration and applying interventions early."

Eventually, similar approaches will be applied to other signs of patient deterioration, leading to improved care for many more patients, with fewer people developing serious infections and conditions.

"We are proud to partner with the Department of Veterans Affairs on this important challenge," Mustafa Suleyman, co-founder of DeepMind, said in a prepared statement. "This project has great potential intelligently to detect and prevent deterioration before patients show serious signs of illness. Speed is vital when a patient is deteriorating: The sooner the right information reaches the right clinician, the sooner the patient can be given the right care."

DeepMind has already partnered with hospitals in the United Kingdom to apply its machine-learning algorithms to research projects looking at eye disease, head and neck cancer, and mammography.

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3.3 - Fierce Healthcare: [VA taps Google's DeepMind to predict patient deterioration](#) (26 February, Evan Sweeney, 141k uvm; Washington, DC)

The Department of Veterans Affairs has launched a partnership with Google's DeepMind to analyze patient records and build a model that can predict when a patient is deteriorating.

The VA said it will allow DeepMind's algorithm to parse through 700,000 depersonalized health records, allowing the company's algorithm to initially focus on predicting the onset of acute kidney injuries.

"Medicine is more than treating patients' problems," VA Secretary David Shulkin, M.D., said in an announcement. "Clinicians need to be able to identify risks to help prevent disease. This collaboration is an opportunity to advance the quality of care for our nation's veterans by predicting deterioration and applying interventions early."

The partnership is one of several ongoing efforts to modernize the VA health system. Shulkin singled out modernization as one of four goals in a six-year strategic plan (PDF). Part of that effort includes eliminating legacy systems, transitioning to cloud-based analytics and implementing a “buy-first” strategy for IT solutions.

In a report (PDF) issued last week, the agency detailed efforts by the Office of Information Technology to streamline services and use health data to focus on high-priority areas like patient care and suicide prevention.

The DeepMind partnership aligns with those broader strategic objectives, allowing the agency to initially test the predictive algorithm on a subset of patients. But DeepMind has also faced scrutiny over the company’s privacy practices in the United Kingdom. Shortly after signing a five-year deal with the National Health Service in 2016, British regulators said the partnership violated the country’s Data Protection Act by sharing data in ways patients would not have reasonably expected.

A separate report issued by DeepMind’s independent panel highlighted lack of clarity in the initial agreement with NHS and outlined several recommendations for future agreements.

DeepMind Health Clinical Lead Dominic King addressed privacy concerns in a blog post announcing the VA partnership.

“As with all of our research work, we are committed to treating the data for this project with the utmost care and respect,” he wrote. “The data being used in the research are depersonalized, meaning that any information that could be used to identify individuals has been removed before DeepMind receives it.”

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4. Focus Resources More Efficiently

4.1 - WCVB (ABC-5, Video): [On her deathbed, VA doctor blows the whistle on Mass. vets' care - Federal investigation open into claims of substandard care, poor management](#) (26 February, Kevin Rothstein, 1.2M uvm; Needham, MA)

Serving the underserved was the theme to Dr. Sarah Kemble's career, whether it be working with activists in Central America in the 1980s or helping found a community health center in Turners Falls.

With that spirit, she took a job in 2014 as chief of medicine for the U.S. Department of Veterans Affairs for the central and western Massachusetts region. She believed that access to good health care care was a right, not a privilege.

But her optimism soon turned to frustration and anger over what she believed were dangerous practices in the regional VA system not being addressed.

Kemble fought to make things better, but she died of cancer in December. Five days before she died, she completed a 23-page affidavit blowing the whistle on what she said was substandard care in the region.

"It is my final wish to complete this affidavit so I can attempt to change systemic and dangerous patient care, dangerous practices and public safety issues," she wrote.

Now, the VA's Office of Accountability and Whistleblower Protection has opened an investigation.

"She wanted to make sure (that) somehow, beyond her passing, the VA would be held accountable," said her husband, Jerry Lund.

Kemble voiced concerns about the qualifications of leadership, substandard care and delays in patient care.

She said the Veteran's Choice Program, the system that's supposed to help veterans access community-based care, has broken down, and money that should have been used for health care was spent on paving and landscaping.

When she complained, she said, retaliation followed.

The Northampton Medical Center, the region's flagship facility, advertises itself as a 24-7 urgent care hospital but, according to the affidavit, it's failing in that mission. Kemble testified that there are no lab service, radiology, clinical pharmacist or appropriate psychiatric service available during nights or weekends.

"This substandard care means patient harm," she wrote.

The accusations of substandard care, especially regarding psychiatric care, are heartbreaking to Kevin Lucey of Belchertown. His son Jeff, a Marine reservist haunted by the ghosts of the Iraq War, killed himself in 2004.

On June 5, Jeff's family brought him to the Northampton VA when he was in crisis. No psychiatrist was at the hospital or was consulted and despite his sister's pleas in the parking lot of the hospital, Jeff was never admitted.

On June 22, he killed himself in the family home's basement, writing a note that his father still has.

"He wrote in a pad that, 'It's 4:35 and I'm completing my death,'" Kevin Lucey said, reading from the handwritten note.

In the wake of Jeff's death, the VA ordered that during off-duty hours, a psychiatrist must always be consulted on mental health cases.

But Kemble said in her affidavit that, a decade later, clinicians were discouraged from doing that.

"It's totally disheartening, it's as if we were betrayed," Kevin Lucey said.

Lisa Brodeur McGan, an attorney representing Kemble, was one of a handful of people at her bedside during her testimony.

"What really crushed her is that she did everything she could to try to fix systemic problems and was defeated, demoralized and retaliated against," McGan said. "When you're dying and you're spending the last weeks of your life doing something to help other people, you know it's real, you know it's truthful and you know it's important."

Kemble told investigators she was transferred and demoted when she tried to fix some of the problems. Her complaint is one of 30 from Massachusetts reported to the VA's Office of Accountability and Whistleblower Protection since the office's inception in June.

Andre Bowser, a spokesperson for the VA's Central Western Massachusetts Healthcare System, said the region is cooperating fully with the investigation but couldn't address specifics.

"Currently it's a pending matter and we can't talk about something or speculate at this time," he told 5 Investigates.

"She felt the commitment to veterans, her patients was more important than having a few extra hours or days left in her life," Lund said.

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4.2 - KRQE (CBS-13, Video): [Veterans to show work at arts festival](#) (26 February, 441k uvm; Albuquerque, NM)

ALBUQUERQUE, N.M. (KRQE) – New Mexico veterans are getting ready to show off their talents this week.

The Veterans Creative Arts Festival begins Tuesday at the Raymond G. Murphy Center in southeast Albuquerque.

Vets will be displaying their own music, art, creative writing, drama and dance.

The VA Hospital says the artwork has helped many vets.

"The arts is the best therapy for them. Although other therapies do work, this has been the most successful in all forms of the arts," said Mary Lou Lopez.

The festival extends through March 2.

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4.3 - MyNewsLA (CNS): [Former VA administrator pleads guilty in parking lot bribes case](#) (26 February, Debbie L. Sklar, 159k uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contracts administrator pleaded guilty Monday to federal tax charges and lying to investigators when he denied taking bribes from a parking lot operator at the VA's Westside medical campus.

Ralph Tillman, 58, of Whittier, who resigned in 2014 after being confronted by VA investigators, admitted that he took well over \$250,000 in "hush money" from Richard Scott, owner of

Westside Services, which had a contract to operate public parking locations across the VA Greater Los Angeles Healthcare System, according to the U.S. Attorney's Office.

Tillman entered a guilty plea before U.S. District Judge R. Gary Klausner in downtown Los Angeles. He faces up to eight years behind bars when he is sentenced May 21.

Scott faces trial in October on charges of conspiracy and major fraud against the United States. The 58-year-old Santa Monica resident is suspected of bribing Tillman to help hide a scheme in which he allegedly failed to pay the VA more than \$11 million generated by his parking lots at the West Los Angeles VA Medical Center campus.

As part of his job, Tillman was responsible for managing contracts with "sharing partners," such as Westside Services, which were required to share revenues with the agency. He admitted in his plea agreement that he first solicited a bribe from Scott in late 2003. About 18 months later, Scott began making monthly cash payments to Tillman, with Scott personally delivering the bribes in sealed FedEx envelopes, according to the plea document.

In return for the cash, Tillman failed to scrutinize annual statements from Scott that he knew contained inaccurately reported revenues and expenses, according to the document. Tillman also admitted that he knew Scott was defrauding the VA out of millions of dollars and that he entered into a contract extension with the parking lot operator in 2011 to continue the fraud and bribery scheme, prosecutors said.

Prosecutors said that during an interview with special agents from the VA's Office of Inspector General in September 2014, Tillman lied when he denied accepting money or anything of value from Scott. But in his plea agreement, Tillman admitted taking \$286,250 from Scott from 2003 through last year, even after his retirement.

The VA contract with Scott was terminated in early 2017 after the agency settled a lawsuit that challenged the VA's use of its Westside campus for any purposes not specifically related to the care and housing of veterans.

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4.4 - Salisbury Post: [James E. Taylor wins gold medal in VA hospital's Creative Arts Festival](#) (27 February, Mark Wineka, 159k uvm; Salisbury, NC)

SALISBURY — James E. Taylor, a Salisbury artist, was awarded the gold medal for oil painting at the 2018 Creative Arts Festival held at the W.G. Hefner VA Medical Center on Feb. 10.

His painting, "Where the Eiders Live — Monhegan, Maine," is an 18-by-36-inch seascape, a picture of sea ducks feeding just off the rocky coast of Monhegan Island. The painting now advances to the national competition of the Creative Arts Festival, to be judged in May and held in Des Moines, Iowa, in October.

Last February, Taylor also was awarded the gold medal in oil painting at the 2017 Creative Arts Festival at the Salisbury VA. That work was titled "After Snowstorm, Early Light on a January Morning," a snow scene in Deerfield, Massachusetts, where he lived for many years.

That painting also advanced to the National Creative Arts Festival, where it was awarded the National Gold Medal in Oil Painting. Taylor attended that national festival, which was held in Buffalo, New York.

Taylor's painting of eiders is a favorite subject of his. The eiders are a species of colorful sea ducks living and feeding on mussels and shellfish clinging to rocks 20 to 60 feet below the surface in the surf.

They populate the rockbound shorelines from Maine and Canada. The duck was almost hunted to extinction in the late 19th century when down feathers were greatly prized in comforters, according to Taylor.

The location of these particular eiders is in the shadow of Bald Head, the northern granite headland on Monhegan facing the Atlantic Ocean where many artists have painted since the mid-19th century.

Monhegan is an island 10 miles at sea from Port Clyde, Maine, reached only by ferry or mailboat. Monhegan in the Abenaki Indian language means "Great Island."

Taylor painted along the Maine coast many times while living in Boston, working as a photographer, graphic designer, marine artist and illustrator after years in the Navy as a photographer's mate.

He has lived in Salisbury for eight years since he left the Northeast, focusing on painting wildfowl, fish and North Carolina landscapes.

He teaches a small group of like-minded artists in atelier explorations of contemporary realism, drawing and oil painting out of Nepenthe Art Studio in Salisbury. More work can be seen on his website, jamesetaylorfineart.com, which has links to contact him for demonstrations, instruction and paintings.

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5. Improve Timeliness of Service

5.1 - Atlanta Journal-Constitution (Video): [Poisoned Camp Lejeune Marines and families to meet Tuesday in Atlanta](#) (26 February, Brad Schrade, 11.9M uvm; Atlanta, GA)

The organizers of a community forum on poisoning at the U.S. Marine Corps' Camp Lejeune have had to close pre-registration because so many impacted Marines and families want to attend.

The North Carolina base's drinking water contained toxic chemicals from the 1950s to the 1980s. Hundreds of thousands of people — Marines and their family members — were exposed to the water. The Lejeune Community Assistance Panel, administered out of the Centers For Disease Control and Prevention offices, was created 13 years ago to share information and give those poisoned, many who are sick, a forum to be heard.

An AJC article on Sunday highlighted complaints about recent efforts designed to help those suffering. Veterans and their families say programs administered through the Department of Veterans Affairs are failing to properly notify those affected and leaving family members behind.

There was so much interest in Tuesday's meeting that organizers had to move it to a larger venue. Information about attending the meeting at Emory Conference Center Hotel and viewing it by livestream are available at this CDC website.

As of last week, 285 people had signed up to attend. Organizers have made arrangements for an overflow room. The Atlanta Mobile Vet Center parked outside to offer assistance to veterans.

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5.2 - Miltiary.com: [Op-Ed: The Time For Caregiver Expansion Is Now](#) (26 February, Linda Bailey, 9M uvm; San Francisco, CA)

Linda Bailey is wife and caregiver to a disabled Air Force veteran of Desert Storm, a current DAV (Disabled American Veterans) Department Service Officer and a DAV Auxiliary Past Department Commander for Tennessee.

In 1991, my husband Albert suffered several massive strokes while serving in the Air Force. Although I was just shy of crossing the 20-year mark with my employer and qualifying for retirement benefits, I was suddenly forced to quit my job to become his full-time caregiver as he worked through a painstaking recovery relearning to talk, walk and perform simple tasks like eating and dressing independently.

Now -- at age 62 -- as many people are starting to look forward to retirement, I have no alternative but to continue working to afford the high-cost caregiving expenses my husband needs. Albert is now able to be on his own for a few hours at a time, but aging has added new complexities to his service-connected disabilities and he still requires significant outside care, and that all comes out-of-pocket. But this would not be the case if he had served in the military just a decade later.

Unfortunately, this story is all too familiar for tens of thousands of veterans and their caregivers across the nation. Veterans injured after September 11, 2001 are eligible for an array of benefits and supports -- including respite care, medical training, health coverage and a monthly stipend -- through VA's Program of Comprehensive Assistance for Family Caregivers. But by law, those injured before that date are excluded from the program. This is simply unfair.

This isn't the first time I've stood witness to such hardships. Growing up I watched my mother tirelessly serve as caregiver to my father -- a disabled Battle of the Bulge survivor who was awarded two Purple Hearts -- all without any outside support or benefits. He died in 2002, but not before his care needs took a significant toll on my mother's health and finances.

In my current profession as a benefits counselor with DAV (Disabled American Veterans), I work to get veterans the full range of benefits they deserve. Day in and day out, I meet caregivers like myself who often struggle to get by, who willingly sacrifice their careers and livelihoods and whose health and wellbeing take a back seat to the needs of their loved one. And like my father, I have seen too many injured and ill veterans pass away without ever getting access to support programs they and their caregivers desperately need, all because of an arbitrary date.

There is, however, a ray of hope for our nation's heroes. In December, a provision with strong bipartisan support passed the Senate Veterans' Affairs Committee 14-1 as part of the Caring for Our Veterans Act calling for expansion of VA's caregiver program to severely injured veterans of all generations. Now we need lawmakers in the House and leaders in the administration to fully recognize that expanding the program is not just the right thing to do, but the smart thing to do as well.

A large part of this debate is over funding. But keeping seriously disabled veterans in their homes with family caregivers saves taxpayer money. The cost of supporting a family caregiver is roughly \$37,000 per year, whereas care in a VA nursing home can run upwards of \$400,000 annually. Veterans are also shown to have a better overall quality of life and greater health outcomes when care is provided by a family caregiver. Don't we owe disabled veterans -- no matter what era they served in -- the best chance possible at a fulfilling life?

The physical sacrifices made by my father, my husband and so many other men and women are no less significant than those made by veterans after 9/11, but under the current law they do not receive equal recognition or support. It's time to put a stop to the inequity.

For decades, veterans of the Korean, Vietnam and Gulf Wars have lived with adverse health due to their service-connected disabilities, and their caregivers have shouldered the weight of managing their care alone. Post-9/11 veterans deserve this benefit. But how can we look aging caregivers in the eye and tell them their decades of shared sacrifice mean less? And how many more veterans will die before we are willing to stand up and correct this injustice?

The window of opportunity is closing for many. Now is the time for action, as now may be all they have.

-- The opinions expressed in this op-ed are those of the author and do not necessarily reflect the views of Military.com. If you would like to submit your own commentary, please send your article to opinions@military.com for consideration.

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5.3 - GEEK: [Dogs Can Help Dramatically Reduce PTSD Symptoms in Vets](#) (26 February, Daniel Starkey, 3.2M uvm; New York, NY)

Post-traumatic stress is a doozy. And I speak from experience (tornadoes man, don't live in Oklahoma). When I first diagnosed, my psychiatrist asked me if I had any pets in the house. I told him I had one cat, and he said, "That's good, but you might want to consider getting a dog."

Dogs are peppy, excited, lovable, and can improve the outlook of Trauma patients. At least, that's how the thinking went. But there had been very little data to support the thesis. So little, in fact, that the VA wouldn't pay for the dogs or their training. But a new study shows that dogs are just as amazing as we've always thought.

Given the wind-down of the dual wars in Iraq and Afghanistan, there are millions of veterans returning home, traumatized by their experiences overseas. And that's not to mention those with experiences in natural disasters, mass shootings, and the countless first responders who need to seek counseling and treatment from the same.

Some treatments for PTSD can be pretty effective, but it's hard to keep patients in treatment plans. Dogs and other service animals have been seen as a possible solution, as they can be around patients basically all the time, essentially giving patients constant care.

The study was conducted at Purdue University, working with a non-profit to provide service dogs for 141 veterans. Seventy-five of them were paired with a service dog, while the others were placed on a waitlist (acting as a blind control).

These dogs were specifically training to help lessen panic attacks, create personal space for the veterans by standing in front of them in public, reminding the vets to take their medications, and waking them from nightmares. Veterans also had to take a specialized course to help teach them how to care for the super-pooches.

As part of the process, the veterans were given a psychological inventory that assigned them a score ranging from 17 to 85 — with anything above 50 being classified as PTSD. For scale, a movement often points up or down was clinically significant.

The results were pretty significant, too. With the dog group dropping 12 points on average during the length of the study — while those on the wait-list stayed the same. The dogs were able to help lower depression and give their people a greater quality of life. Those with dogs also saw lower depression scores, better quality of life, less social isolation, etc. What's more is that each of the observed effects was pretty dramatic, too.

It's hard to say what comes next, though. This test was very promising, but the researchers don't want to exaggerate the effects. On average, most of the vets remained above the 50 point threshold, meaning they were still suffering from post-traumatic stress. And, all the veterans in the group wanted a service dog, so this may not be applicable to others.

Still, the improvements weren't small. And this could open the door for more long-term studies. Thanks to these results, the National Institutes of Health are providing the funding necessary for a full clinical trial, with results expected in 2019.

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5.4 - KOLO (ABC-8, Video): [Bar code system helps eliminate medicine mistakes](#) (23 February, Terri Russell, 274k uvm; Reno, NV)

RENO, Nev. (KOLO) - Improper dosage of medicine is the number one fatal medical error.

At the VA Hospital in Reno, the Bar Code Medication Administration, or BCMA, is designed to connect the patient with the right medication with the right dosage at the right time.

The patient is given a wrist band at the time he is admitted to the hospital. The bar code on the wrist bad has the patient's name and other pertinent information on it. As medications are prescribed, that information too will be placed within the bar code. On the patient's floor, a nurse will scan the bar code to identify the patient.

Once that is confirmed, the medication and its proper dosage will appear on the screen. The medication will then appear from a drawer with the patient's name on it below the screen.

"Yep, this is the right medication; I am going to scan it. Even if I see on the package that it is the right medication, I have to scan it. The computer has to tell me that it is the right medication before I can give it. Because the computer is checking the medication. It is checking the dose, the patient, the time, the route that it is being given. It is doing our safety checks," says Erin Pate, VA Mental Health Patient Nurse Manager.

The system has been at the VA more than five years. Pate says it is constantly being updated to be even more efficient, often taking recommendations from nurses, pharmacists, and others.

More than 30% of medicine errors in the hospital occur at the point of administration. The BCMA system cuts those errors by 80%.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Home HQ): [Know your benefit: VA reminds lenders to avoid unauthorized lending fees](#) (26 February, Kevin Lilley, 2.1M uvm; Springfield, VA

Lenders received a reminder from Veterans Benefits Administration officials Friday to ensure the fees they charge to veterans using VA-backed loans are permitted under the program.

On top of its funding fee, VA allows lenders to charge certain fees as part of the loan process; those fees can come in the form of interest rate adjustments. However, it does not allow those fees to be used in connection with a cash advance, which Friday's circular alleges is taking place.

"A charge made to a Veteran in exchange for paying, crediting, funding, advancing, or otherwise establishing methods to advance funds to a Veteran on or after the VA loan closing (other than for advancing allowable charges) is prohibited," per the circular.

The document also makes it clear that lenders cannot establish escrow accounts or any other accounts designed to "subsidize payments through an above market interest rate, or a combination of discount points and above market interest rate." Lenders that are doing so are providing what amounts to a cash advance on VA-back loans, per the document, which is against VA regulations.

That doesn't mean escrow accounts involving other parts of the loan process can't be established.

Mortgages that involve cash advances and/or certain lender fees charged to veterans may be against VA regulations. (Stock/Getty Images) Mortgages that involve cash advances and/or certain lender fees charged to veterans may be against VA regulations. (Stock/Getty Images) The circular does not specify which lenders have engaged in the above practices.

If any of the above rings alarm bells attached to your VA loan shopping process, contact a VA Regional Loan Center for specific guidance.

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7.2 - WTVC (ABC-9): [Chattanooga Housing Authority gets 35 vouchers for homeless veterans](#) (26 February, 200k uvm; Chattanooga, TN)

The Chattanooga Housing Authority (CHA) says thanks to its Housing Choice Voucher Program, a grant from HUD has paid for an additional 35 vouchers for the CHA's VASH (Veterans Affairs Supportive Housing) Program.

The CHA says two case managers from the VA will be accepting applications from homeless veterans and will make referrals to the CHA to provide the additional vouchers.

Tammie Carpenter, Director of the CHA's Housing Choice Voucher Program said, "We are absolutely thrilled with the news from HUD regarding these vouchers. This population is especially important to all of us. These individuals have given so much of themselves for their country and yet, some find themselves without permanent housing which leads to homelessness. These vouchers will provide supportive housing for 35 local veterans."

While the CHA administers the program, it says referrals must come from the local VA office.

CHA Executive Director Elizabeth McCright said, "We are so grateful to HUD for funding these vouchers. Thirty-five of our homeless veterans will soon move into permanent housing which is one of the first critical steps toward self-sufficiency. Our team worked very hard to get this grant and we're proud of their efforts which are about to transform the lives of so many."

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7.3 - WBFO (NPR-88.7, Audio): [With new National Cemetery coming to WNY, families encouraged to check eligibility](#) (26 February, Michael Mroziak, 37k uvm; Buffalo, NY)

By this fall, the U.S. Department of Veterans Affairs hopes to begin construction on the new Western New York National Veterans Cemetery in the Town of Pembroke. Officials with the U.S. Department of Veterans Affairs encourage those who served in the military to do their homework, and take advantage of a benefit that many may not know is one to which they are entitled.

The new cemetery is expected to serve more than 96,000 veterans and their families. The grounds will feature a main ceremonial area for events on Memorial Day and Veterans Day. Local Veterans Service Organizations will also have the opportunity to host ceremonies there.

"It's designed to be very solemn but as a memorial of perpetual care," said Jim Metcalfe, director of the future WNY National Cemetery and the Indiantown Gap National Cemetery near Harrisburg, Pennsylvania. "We have 135 national cemeteries and every one is absolutely beautiful. It's a tribute to the men and women who served out country."

It is also a benefit to which veterans and their families are entitled. Burials, cremations, and the scattering of ashes are all benefits that come at no cost to veterans, spouses and eligible family members.

Metcalfe explained that those serving less than two years prior to 1982 or those since who have served two years honorably are eligible to be buried in a national cemetery. Reservists and National Guard members are also eligible under many circumstances. (Click here for additional information from the VA on who is eligible).

"It's generally the worst time for somebody, when they lose a spouse or a loved one, and not to complicate the hardship but to give a little bit of ease in the decision-making process, it is a wonderful benefit to our veterans where there is no financial strain on the family," Metcalfe said.

It was announced last week that additional land was acquired for the project. A construction contract is expected to be awarded by the end of this summer, according to Metcalfe, with construction beginning this fall. Although completion of the WNY National Cemetery is expected to take up to 30 months, the first burials on the grounds are anticipated about a year after work begins.

Currently, the nearest national cemetery available to Western New York families is located in Bath, New York, approximately 100 miles away from Buffalo.

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8. [Other](#)

8.1 - WRIC (ABC-8, Video): [VA shifts its policy regarding dog research](#) (26 February, Kerri O'Brien, 277k uvm; Richmond, VA)

RICHMOND, Va. (WRIC) — 8News has uncovered a shift in policy at the Department of Veterans Affairs when it comes to canine research.

For the first time since 8News broke the story of deadly dog experiments at McGuire, it appears the VA is taking a closer look at its use of dogs in research. In addition, Secretary David Shulkin is admitting that he is not a supporter of the research.

Dogs 'intentionally injured,' killed during medical testing at McGuire Veteran's Hospital
The VA now says no new canine research will be approved without secondary and possibly a third review.

In an internal memo provided by the VA to 8News regarding the VA's new canine research protocols provided, it states:

"To address recent public and Congressional concerns about VA canine research, VA is expanding the secondary review mechanism to all canine research performed in VA."

Meaning, any canine research going forward must now get approval from the Chief Veterinary Medical Officer Doctor Michael Fallon.

Fallon sat down with 8News last summer defending the testing into cardiovascular disease. He told us sometimes scientifically there's no other option.

"We don't want to be having to use dogs in research but there is no alternative," he said. "There are very specific research projects that require dogs."

Yet, the VA has also confirmed to 8News under this new policy, even if a canine research project gets the green light from Dr. Fallon, it will now also need review from the VA Secretary David Shulkin.

Shulkin recently stated publicly in an interview with another media outlet that he is 'not a strong believer in the need for canine research,' and he will be using 'an extremely high threshold' before approving any new dog research.

"This is an issue of taxpayers being forced to foot the bill for something they find objectionable," said Justin Goodman with the taxpayer watchdog group, White Coat Waste Project.

White Coat finds the research involving dogs implanted with pacemakers then run on treadmills until they collapse abusive. Goodman tells 8News White Coat is optimistic Secretary Shulkin will stick to his word and enact meaningful restrictions on the use of dog research. However, the group is cautious. The group also worries new policy might just be window dressing as Dr. Fallon has been the VAs biggest champion of the research, research white coat calls wasteful.

"The VA has not provided a single example from the 21st century of any discovery that has come from dogs at the Richmond VA," Goodman said.

The new review process does not change anything for the current dog research underway and previously approved at McGuire.

8News have been able to confirm that no new canine research studies have been proposed at the VA since July of 2017.

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8.2 - ConnectingVets: [Shulkin doesn't believe the VA needs canine research, but the invasive testing continues.](#) (26 February, Jonathan Kaupanger, 24k uvm; New York, NY)

"I am not a strong believer in the need for canine research," said VA Secretary David J. Shulkin in an interview with The Daily Caller recently. He goes on to say, "I've put a new policy in place that there will be no additional research with dogs unless it got my personal approval."

There's a problem with Shulkin's statement though: The secretary says, "no additional research." Well, he's not stopping the painful projects currently happening in VA facilities is he?

We've reported on these tests in the past. Holes drilled into puppies' heads and latex injections to the coronary artery, not to forget, that these are taxpayer funded tests.

ConnectingVets reached out to the VA for comment and they say that nothing has changed.

"VA limits canine research to what is scientifically necessary," said VA's Press Secretary Curt Cashour. "No new VA canine research studies have yet been submitted for secondary review since July 2017. After clearing the CVMO's secondary review, any new proposed study will be transmitted to Secretary Shulkin for his personal review."

The problem with this statement is that we can't find any VA policy that states that canine research needs the secretary's approval.

The most recent policy (AR2017-001) on the subject is from December of last year and only mentions a secondary review process where the Chief Veterinary Medicine Officer (CVMO) and the local VA facility's Institutional Care and Use Committee would need to approve the test, but only when there is a change to the level of pain or distress that a dog feels.

So, what should the VA do with the dogs that they are performing tests on now? Finding them homes would be a good start.

But dogs from labs tend to have increased fearfulness, particularly of strangers. Many of their interactions with humans result in physical harm, so, would they even make a good pet, much less a service animal?

According to Dr. Stacy Lopresti-Goodman, Associate Professor of Psychology at Marymount University, yes they do, and in many cases, can bond with veterans easier due to the trauma the dog has experienced.

"This fear does not translate to aggression," said Lopresti-Goodman. "My results found they are significantly less aggressive than other dogs. Additionally, they have increased attachments to their adoptive caregivers, which make them particularly well suited as companions for veterans who experienced trauma, as they often have a hard time connecting with, or communicate their feelings to humans."

Lopresti-Goodman has not worked with dogs from VA labs, however, she has mainly worked with dogs that were used in pharmaceutical and toxicology research.

"I can't applaud him for it because what does this mean?" asked Ernesto P. Hernandez III, Air Force veteran, Purple Heart recipient and CEO of Wounded Paw Project. "I think he just needs to end it. There's no reason to testing animals at this time anymore."

So, just to recap so far, the head of the VA says he doesn't believe in the animal testing that is happening in his own agency. Dogs are resilient and the trauma they experience in the VA labs make them ideal candidates for service dogs for veterans. Why doesn't Secretary Shulkin simply start training them?

Of course the answer is money. It takes about \$20k to train a service dog.

Hernandez and his group can do the training for half the cost: \$5,000 for your normal service dog and \$10,000 to train seizure and diabetic alert dogs. "We know not every one of these dogs will be a service dog," he said.

"But, I can assure you that I can find them a job or make them a great trained pet with a horrible story behind it but a great ending."

So there you are Mr. Secretary. The work is done for you. We know laboratory test dogs make great service dogs for veterans. We know how to get them trained for half the cost.

All you need to do is stop the abusive practices and give these dogs their chance to serve.

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Veterans Affairs Media Summary and News Clips

27 February 2018

1. [Top Stories](#)

1.1 - Washington Post: [White House meets with veterans groups amid dispute at VA, tension over access to health care](#) (26 February, Emily Wax-Thibodeaux, 43.9M uvm; Washington, DC)

White House Chief of Staff John F. Kelly told top veterans advocates Monday that President Trump supports Veterans Affairs Secretary David Shulkin, whose future in the administration was called into question this month amid a power struggle among political appointees, according to people who participated in the discussion.

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1.2 - Military.com: [Kelly Meets at White House With Vets Groups on VA Chaos](#) (26 February, Richard Sisk, 9M uvm; San Francisco, CA)

White House Chief of Staff John Kelly met with veterans groups Monday on the status of VA Secretary Dr. David Shulkin and the ongoing turmoil at the agency over Shulkin's charges that he was being undermined by Trump administration political appointees. The meeting at the White House included the advocacy group Concerned Veterans for America, which several of the major veterans organizations have charged is in league with efforts to oust Shulkin...

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1.3 - Military.com: [Shulkin Claims Trump's Backing to Remain Amid Political Infighting](#) (26 February, Richard Sisk, 9M uvm; San Francisco, CA)

VA Secretary Dr. David Shulkin claimed Sunday that he has President Donald Trump's backing to stay on the job while renewing charges that he is being targeted by White House political appointees. "So let me get right to it. This has not been the easiest past week or so for me or my wife," Shulkin said at the annual Disabled American Veterans (DAV) conference in Arlington, Va.

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1.4 - Buffalo News: [VA cemetery in WNY won't bear the name of 'Wild Bill' Donovan](#) (26 February, Jerry Zremski, 1.5M uvm; Buffalo, NY)

Veterans in Western New York may be happy they will finally get their own cemetery, but to hear Charles T. Pinck tell it, the graveyard will be missing something important. The veterans cemetery in Pembroke won't bear the name of William J. Donovan, a Buffalo-born World War I hero and founder of the Office of Strategic Services, the predecessor to the Central Intelligence Agency. And Pinck, president of the OSS Society – which works to preserve the memory of the nation's fledgling spy agency – isn't happy about it.

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1.5 - ConnectingVets: [Petition to restore abandoned Naval cemetery grabs the VA's attention](#) (26 February, Matt Saintsing, 24k uvm; New York, NY)

A petition to transfer an abandoned Naval cemetery in Northern California to the VA, which gathered more than 1,700 signatures, has gotten response from the Department of Veterans Affairs National Cemetery Administration (NCA). Posted on Feb. 11 by Vallejo resident Nestor

Aliga, a retired U.S. Army Colonel, the petition calls the Mare Island Naval Cemetery a “national shrine,” but chastises “its deplorable condition is a shocking disgrace to the honorable service...

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2. [Greater Choice for Veterans](#)

2.1 - Healthcare DIVE: [Developer proposes \\$1B Indiana hospital](#) (26 February, Kim Slowey, 60k uvm; Washington, DC)

There are other hospital projects underway in Indiana. In the southern part of the state, the Department of Veterans Affairs plans to build a \$925 million, 104-bed hospital in Louisville, Kentucky. There is no scheduled construction start date, but the VA anticipates the design will be ready for review sometime this year. The current Louisville VA hospital, the Robley Rex VA Medical Center, was built in the 1950s.

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3. [Modernize Our System](#)

3.1 - GCN: [How VA, ICE use data for decision making](#) (26 February, Sara Friedman, 162k uvm; Vienna, VA)

When it comes to treating veterans, the Department of Veterans Affairs collects information on a variety of health conditions for patients ranging in age from 18 to 90. But the agency has problems sharing this information with researchers who could use it advance medical treatments. “We have all of these data sets locked in silos and part of the problem is knowing that this data exists and how to access it...”

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3.2 - Healthcare Informatics: [VA Partners with DeepMind to Use AI to Identify Deterioration Risk Factors](#) (26 February, Heather Landi, 158k uvm; New York, NY)

The U.S. Department of Veterans Affairs (VA) has approved a medical research partnership with DeepMind, a London-based artificial intelligence research company, to develop and use machine learning algorithms to address the global issue of patient deterioration during hospital care. DeepMind was acquired by Google in 2014 and is now part of the Alphabet group, Google’s parent company.

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3.3 - Fierce Healthcare: [VA taps Google's DeepMind to predict patient deterioration](#) (26 February, Evan Sweeney, 141k uvm; Washington, DC)

The Department of Veterans Affairs has launched a partnership with Google’s DeepMind to analyze patient records and build a model that can predict when a patient is deteriorating. The VA said it will allow DeepMind’s algorithm to parse through 700,000 depersonalized health records, allowing the company’s algorithm to initially focus on predicting the onset of acute kidney injuries.

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4. Focus Resources More Efficiently

4.1 - WCVB (ABC-5, Video): On her deathbed, VA doctor blows the whistle on Mass. vets' care - Federal investigation open into claims of substandard care, poor management

(26 February, Kevin Rothstein, 1.2M uvm; Needham, MA)

Serving the underserved was the theme to Dr. Sarah Kemble's career, whether it be working with activists in Central America in the 1980s or helping found a community health center in Turners Falls. With that spirit, she took a job in 2014 as chief of medicine for the U.S. Department of Veterans Affairs for the central and western Massachusetts region. She believed that access to good health care was a right, not a privilege.

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4.2 - KRQE (CBS-13, Video): Veterans to show work at arts festival (26 February, 441k uvm; Albuquerque, NM)

New Mexico veterans are getting ready to show off their talents this week. The Veterans Creative Arts Festival begins Tuesday at the Raymond G. Murphy Center in southeast Albuquerque. Vets will be displaying their own music, art, creative writing, drama and dance.

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4.3 - MyNewsLA (CNS): Former VA administrator pleads guilty in parking lot bribes case

(26 February, Debbie L. Sklar, 159k uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contracts administrator pleaded guilty Monday to federal tax charges and lying to investigators when he denied taking bribes from a parking lot operator at the VA's Westside medical campus. Ralph Tillman, 58, of Whittier, who resigned in 2014 after being confronted by VA investigators, admitted that he took well over \$250,000 in "hush money" from Richard Scott...

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4.4 - Salisbury Post: James E. Taylor wins gold medal in VA hospital's Creative Arts Festival (27 February, Mark Wineka, 159k uvm; Salisbury, NC)

James E. Taylor, a Salisbury artist, was awarded the gold medal for oil painting at the 2018 Creative Arts Festival held at the W.G. Hefner VA Medical Center on Feb. 10. His painting, "Where the Eiders Live — Monhegan, Maine," is an 18-by-36-inch seascape, a picture of sea ducks feeding just off the rocky coast of Monhegan Island. The painting now advances to the national competition of the Creative Arts Festival, to be judged in May and held in Des Moines, Iowa, in October.

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5. Improve Timeliness of Service

5.1 - Atlanta Journal-Constitution (Video): Poisoned Camp Lejeune Marines and families to meet Tuesday in Atlanta (26 February, Brad Schrade, 11.9M uvm; Atlanta, GA)

The organizers of a community forum on poisoning at the U.S. Marine Corps' Camp Lejeune have had to close pre-registration because so many impacted Marines and families want to attend. The North Carolina base's drinking water contained toxic chemicals from the 1950s to the 1980s. Hundreds of thousands of people...

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5.2 - Miltiary.com: [Op-Ed: The Time For Caregiver Expansion Is Now](#) (26 February, Linda Bailey, 9M uvm; San Francisco, CA)

Linda Bailey is wife and caregiver to a disabled Air Force veteran of Desert Storm, a current DAV (Disabled American Veterans) Department Service Officer and a DAV Auxiliary Past Department Commander for Tennessee. In 1991, my husband Albert suffered several massive strokes while serving in the Air Force. Although I was just shy of crossing the 20-year mark with my employer and qualifying for retirement benefits...

[Hyperlink to Above](#)

5.3 - GEEK: [Dogs Can Help Dramatically Reduce PTSD Symptoms in Vets](#) (26 February, Daniel Starkey, 3.2M uvm; New York, NY)

Dogs are peppy, excited, lovable, and can improve the outlook of Trauma patients. At least, that's how the thinking went. But there had been very little data to support the thesis. So little, in fact, that the VA wouldn't pay for the dogs or their training. But a new study shows that dogs are just as amazing as we've always thought.

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5.4 - KOLO (ABC-8, Video): [Bar code system helps eliminate medicine mistakes](#) (23 February, Terri Russell, 274k uvm; Reno, NV)

Improper dosage of medicine is the number one fatal medical error. At the VA Hospital in Reno, the Bar Code Medication Administration, or BCMA, is designed to connect the patient with the right medication with the right dosage at the right time. The patient is given a wrist band at the time he is admitted to the hospital.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Home HQ): [Know your benefit: VA reminds lenders to avoid unauthorized lending fees](#) (26 February, Kevin Lilley, 2.1M uvm; Springfield, VA)

Lenders received a reminder from Veterans Benefits Administration officials Friday to ensure the fees they charge to veterans using VA-backed loans are permitted under the program. On top of its funding fee, VA allows lenders to charge certain fees as part of the loan process; those fees can come in the form of interest rate adjustments.

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7.2 - WTVB (ABC-9): [Chattanooga Housing Authority gets 35 vouchers for homeless veterans](#) (26 February, 200k uvm; Chattanooga, TN)

The Chattanooga Housing Authority (CHA) says thanks to its Housing Choice Voucher Program, a grant from HUD has paid for an additional 35 vouchers for the CHA's VASH (Veterans Affairs Supportive Housing) Program. The CHA says two case managers from the VA

will be accepting applications from homeless veterans and will make referrals to the CHA to provide the additional vouchers.

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7.3 - WBFO (NPR-88.7, Audio): [With new National Cemetery coming to WNY, families encouraged to check eligibility](#) (26 February, Michael Mroziak, 37k uvm; Buffalo, NY)

By this fall, the U.S. Department of Veterans Affairs hopes to begin construction on the new Western New York National Veterans Cemetery in the Town of Pembroke. Officials with the U.S. Department of Veterans Affairs encourage those who served in the military to do their homework, and take advantage of a benefit that many may not know is one to which they are entitled.

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8. [Other](#)

8.1 - WRIC (ABC-8, Video): [VA shifts its policy regarding dog research](#) (26 February, Kerri O'Brien, 277k uvm; Richmond, VA)

8News has uncovered a shift in policy at the Department of Veterans Affairs when it comes to canine research. For the first time since 8News broke the story of deadly dog experiments at McGuire, it appears the VA is taking a closer look at use of dogs in research. In addition, Secretary David Shulkin is admitting that he is not a supporter of the research.

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8.2 - ConnectingVets: [Shulkin doesn't believe the VA needs canine research, but the invasive testing continues](#) (26 February, Jonathan Kaupanger, 24k uvm; New York, NY)

"I am not a strong believer in the need for canine research," said VA Secretary David J. Shulkin in an interview with The Daily Caller recently. He goes on to say, "I've put a new policy in place that there will be no additional research with dogs unless it got my personal approval." There's a problem with Shulkin's statement though: The secretary says, "no additional research." Well, he's not stopping the painful projects currently happening in VA facilities is he?

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1. [Top Stories](#)

1.1 - Washington Post: [White House meets with veterans groups amid dispute at VA, tension over access to health care](#) (26 February, Emily Wax-Thibodeaux, 43.9M uvm; Washington, DC)

White House Chief of Staff John F. Kelly told top veterans advocates Monday that President Trump supports Veterans Affairs Secretary David Shulkin, whose future in the administration was called into question this month amid a power struggle among political appointees, according to people who participated in the discussion.

The meeting was arranged by Kelly following revelations that Shulkin, the only Obama-era holdover in Trump's Cabinet, had become a target of conservatives hoping to install a new secretary who would be more supportive of their plan to expand health-care options beyond the VA system — a controversial program known as Choice. Leading advocacy groups, including the American Legion, the VFW and the Disabled Veterans of America, fear the goal is to dismantle VA, and they view Shulkin as an ally in that standoff.

Garry Augustine, who heads DAV's Washington headquarters, said the groups emphasized to Kelly their belief that Shulkin won't be effective unless VA's leadership team is united behind him. Kelly, a retired Marine general, appeared "gracious and intent on listening" to their feedback on how far the administration should go in offering private health-care options, Augustine said.

Most of the groups represented at the White House on Monday support legislation, put forward by Sens. Johnny Isakson (R-Ga.) and Jon Tester (D-Mont.), calling for a gradual expansion of the Choice program while maintaining healthy funding for VA. The Senate Veterans' Affairs Committee passed the bill last year, and the White House has signaled its support with "modest changes."

Since that vote, however, Sen. Jerry Moran (R-Kan.) introduced his own Choice expansion proposal and later merged it with a bill put forward by Sen. John McCain (R-Ariz.). Both pieces of legislation have stalled amid political fights.

In a statement released after Monday's meeting, White House officials said the Trump administration "continues to work with Congress . . . and will continue these discussions to ensure veterans receive the care they deserve."

One group that attended the White House meeting, Concerned Veterans of America, favors a more aggressive approach. Its plan would allow veterans to be treated at non-VA facilities, and then patients, doctors and hospitals would be reimbursed by the government. Critics say such a plan would be too expensive and could harm VA's funding.

CVA is backed by Charles and David Koch, billionaires who seek to roll back government bureaucracy. The group has been one of VA's most vocal critics since the agency's 2014 wait-time scandal was exposed. Its profile has grown during the Trump administration, with one of its former senior advisers, Darin Selnick, serving as veteran affairs adviser inside the White House.

CVA's attendance at the White House meeting caused palpable tension, according to multiple participants.

"We assumed the meeting was just for and among veterans service organizations, not political groups," said John Hoellwarth, a spokesman for the advocacy group AMVETS.

Dan Caldwell, a spokesman for CVA, said the group was grateful for the audience with Kelly and for the administration's broader receptiveness to its ideas.

"We look forward to continuing to work with President Trump and his team to advance reforms to the VA that will ultimately help our veterans," he said.

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1.2 - Military.com: [Kelly Meets at White House With Vets Groups on VA Chaos](#) (26 February, Richard Sisk, 9M uvm; San Francisco, CA)

White House Chief of Staff John Kelly met with veterans groups Monday on the status of VA Secretary Dr. David Shulkin and the ongoing turmoil at the agency over Shulkin's charges that he was being undermined by Trump administration political appointees.

The meeting at the White House included the advocacy group Concerned Veterans for America, which several of the major veterans organizations have charged is in league with efforts to oust Shulkin and outsource VA health care, according to sources familiar with the meeting.

The meeting with retired Marine Gen. Kelly included the executive directors of the so-called "Big Six" veterans service organizations -- the American Legion, the Veterans of Foreign Wars, the Disabled American Veterans (DAV), AmVets and the Paralyzed Veterans of America (PVA).

Also attending were CVA, the Military Officers Association of America, the Vietnam Veterans of America, and the Wounded Warrior Project, according to the sources.

Following the meeting, VFW Executive Director Bob Wallace issued a statement calling the session "very productive." He said "We discussed current legislation that would better care for veterans and we discussed current operations inside the Department of Veterans Affairs. It was a good meeting."

Kelly called the meeting last week following the release of the VA Inspector General's report charging that Shulkin improperly billed to the government the \$4,132 airfare for his wife on a trip to Denmark and London last July and also wrongly accepted free tickets to the Wimbledon tennis tournament.

Shulkin at first disputed the report but then accepted responsibility and said he has already written a check to reimburse the Treasury.

He followed that up with his own charges that the IG's report was symptomatic of the "subversion" he was fighting from political appointees at the White House and within the VA who accused him of foot-dragging on expanding private-sector health care choices for veterans.

The major veterans organizations, while expressing "disappointment" with Shulkin's travel expenses, backed keeping him on the job as a hedge against overreliance on private sector care that they said would gut the core mission of the VA.

The CVA, which is mainly funded by the conservative Koch brothers organization, has denied wanting to "privatize" the VA, and said that private care under the Veterans Choice Program, should be an option when it's in the best interest of the veteran.

At a DAV conference on Sunday, Shulkin renewed his charges against the political appointees. "People who have subversive ideas or are creating two different agendas don't have a place in the VA, and people have to make a decision whether they're going to be on the team or off the team," Shulkin said.

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1.3 - Military.com: [Shulkin Claims Trump's Backing to Remain Amid Political Infighting](#) (26 February, Richard Sisk, 9M uvm; San Francisco, CA)

VA Secretary Dr. David Shulkin claimed Sunday that he has President Donald Trump's backing to stay on the job while renewing charges that he is being targeted by White House political appointees.

"So let me get right to it. This has not been the easiest past week or so for me or my wife," Shulkin said at the annual Disabled American Veterans (DAV) conference in Arlington, Va.

Shulkin referred to the Department of Veterans Affairs Inspector General's report last week charging that he improperly billed the \$4,132 airfare for his wife on a trip to Denmark and London last July and also wrongly accepted free tickets to the Wimbledon tennis tournament.

Shulkin at first disputed the report but then accepted responsibility and said he has already written a check to reimburse the Treasury.

He followed that up with his own charges that he is fighting "subversion" within the agency from political appointees who see him as an obstacle to expanding private-sector health care choices for veterans.

"It's my job to keep pushing for what's the right thing for veterans and what's consistent with the president's agenda," Shulkin told Stars and Stripes after his speech to the DAV.

"I don't want to slow down. I think there are efforts to try to politicize what we're doing, and I'm trying to stay focused on the road ahead and keep us going," he said.

"My goal is to get us past this distraction and to make sure everybody understands there's only one team," Shulkin said. If political appointees are out to get him, he is also out to get them, Shulkin said.

"People who have subversive ideas or are creating two different agendas don't have a place in the VA, and people have to make a decision whether they're going to be on the team or off the team," Shulkin said.

Earlier, Gary Augustine, executive director of the VA, told Military.com, "It is political, it's getting a little nasty," and "the secretary is caught in the middle of it."

The DAV and other veterans service organizations have pointed to a December e-mail from Jake Leinenkugel, a White House adviser on veterans affairs, to Camilo Sandoval, a political appointee at the Veterans Health Administration.

The email, first reported by The Washington Post and later obtained by Military.com, showed that Leinenkugel favored replacing Shulkin with a more politically attuned secretary who would rapidly expand private care for veterans.

Leinenkugel, a former brewery company executive who served six years in the Marine Corps and left with the rank of captain, said in a list of "solutions" that Shulkin should be "put on notice to exit" once other legislative priorities were passed.

Leinenkugel also targeted VA Deputy Secretary Tom Bowman, the No. 2 official at the agency, saying that Bowman "doesn't trust the current slate of political staff."

White House Chief of Staff John Kelly, a retired Marine general, has called a meeting Monday with the major veterans organizations to address their concerns over Shulkin's claims that he is being "undermined" by the political appointees.

Leaders of the VSOs have backed Shulkin and charged that the political appointees are being influenced by the advocacy group Concerned Veterans of America, which is funded by the conservative Koch brothers, on the "privatization" of the VA health care system, the largest in the nation.

CVA has consistently replied that it backs private care when it's in the best interests of the veteran.

At a National Press Club news conference last Friday, Denise Rohan, national commander of the two-million member American Legion, said veterans "deserve treatment in a system that was created specifically for them."

"We believe it is a system worth saving," Rohan said. "Yes, it is far from perfect, but I challenge anyone to come up with a health care system that is perfect" or offers "better health care service than what we have at the Department of Veterans Affairs."

She called on the White House to ignore the "well-funded lobbying effort" aimed at undermining through privatization the central mission of the VA to serve the health care needs of nine million veterans annually at 170 hospitals and more than 1,100 outpatient facilities.

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1.4 - Buffalo News: [VA cemetery in WNY won't bear the name of 'Wild Bill' Donovan](#) (26 February, Jerry Zremski, 1.5M uvm; Buffalo, NY)

WASHINGTON – Veterans in Western New York may be happy they will finally get their own cemetery, but to hear Charles T. Pinck tell it, the graveyard will be missing something important.

The veterans cemetery in Pembroke won't bear the name of William J. Donovan, a Buffalo-born World War I hero and founder of the Office of Strategic Services, the predecessor to the Central Intelligence Agency. And Pinck, president of the OSS Society – which works to preserve the memory of the nation's fledgling spy agency – isn't happy about it.

Pinck said he thought for sure the cemetery would be named for Donovan, given who proposed the idea in the first place.

"We were very pleased when Senator Charles E. Schumer, a New York Democrat, held a press conference several years ago to announce his support for naming the cemetery in General Donovan's honor," Pinck said.

Sure enough, nearly four years ago, Schumer – now Senate minority leader – said: " 'Wild Bill' Donovan is a true Western New York hero, and I cannot think of any better way to commemorate his life, and honor our region's veterans, than by naming the new Western New York Veterans Cemetery after 'Wild Bill.' "

It seems Schumer got a little ahead of himself. Some local veterans objected to naming the cemetery for Donovan, saying it shouldn't be named for any one veteran. And the Department of Veterans Affairs then decided in 2016 it would be better to call the graveyard the Western New York National Cemetery.

"According to a source in Buffalo, the decision not to name the cemetery in honor of General Donovan was made by the Veterans Administration and Senator Schumer did not oppose it," Pinck said.

Asked about what happened, Schumer's spokesman, Jason Kaplan, said Schumer's efforts were directed elsewhere.

"Senator Schumer is focused on getting all the i's dotted and t's crossed so this much-needed Western New York veterans cemetery can get up and running as soon as possible," Kaplan said. "Once the whole of the Western New York community develops a broad and deep consensus on the naming, of course Senator Schumer will champion what they choose."

Schumer didn't push Donovan's name too hard for a reason, said Patrick W. Welch, a longtime Buffalo veterans advocate who fought for the cemetery's construction for years.

"There's a significant number of veterans who don't want it named after any one veteran," said Welch, who himself supported naming the cemetery for Donovan before changing course after hearing from other vets.

Welch doesn't fault Schumer for backtracking on the name for another reason, too. For years now, Schumer has been pushing to get the cemetery built despite long delays over land acquisition.

"We must credit Senator Schumer for becoming our champion on this cemetery," Welch said in an email to other veterans advocates last week. "If not for him, the veteran population requirements would have stood in place and we would not be getting our own National Veterans Cemetery. If not for him, the funding would not have happened. So no matter your politics, we do need to thank him."

Schumer announced last week that land acquisition had finally been completed for the 269-acre cemetery at the intersection of Indian Falls Road and State Route 77 in the Town of Pembroke. That means construction should be able to begin later this year, with the first gravesites becoming available a year or so later.

Pinck stressed that if the cemetery isn't going to be named for Donovan, the Buffalo area ought to find a way to honor him. Donovan lost his only local honor when the Donovan State Office Building was converted into a Courtyard by Marriott Hotel and offices several years ago.

"Every time we have tried to honor General Donovan, one of America's greatest patriots and most highly decorated soldiers, our efforts have been thwarted," Pinck said.

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1.5 - ConnectingVets: [Petition to restore abandoned Naval cemetery grabs the VA's attention](#) (26 February, Matt Saintsing, 24k uvm; New York, NY)

A petition to transfer an abandoned Naval cemetery in Northern California to the VA, which gathered more than 1,700 signatures, has gotten response from the Department of Veterans Affairs National Cemetery Administration (NCA).

Posted on Feb. 11 by Vallejo resident Nestor Aliga, a retired U.S. Army Colonel, the petition calls the Mare Island Naval Cemetery a "national shrine," but chastises "its deplorable condition is a shocking disgrace to the honorable service, uncommon valor, and selfless sacrifice of our courageous Veterans buried there."

In response, the NCA penned an op-ed in the Vallejo Times-Herald in support for refurbishment, but now assuming responsibility of the crumbling cemetery.

"In response to concerns recently raised about the conditions of the cemetery, NCA and the Navy assisted the City of Vallejo in preparing an application for the Department of Defense's (DoD) Innovating Readiness Training Program where military funds and manpower may be used for the restoration of this cemetery," the NCA wrote.

The Innovating Readiness Training Program (IRT) would most likely comprise of a team of U.S. Navy "Seabees," an engineering and construction unit who could fix some of the structural issues of the site including replacing headstones.

"If this project is approved, DoD would match a military department/unit with the project and work would start in Fiscal Year '19."

The 166-year old Mare Island Naval Shipyard was the first permanent U.S. Naval installation on the Pacific Coast. A 1993 Base Realignment and Closure (BRAC) round closed the shipyard, and in 1996 Naval operations ceased and the facility and adjacent cemetery was transferred initially to the state of California, and later to the city of Vallejo.

Vallejo, a city with more than 100,000 residents, filed for bankruptcy in 2008, and has been able to provide limited upkeep on the dilapidated cemetery, such as preening overgrown acacia trees.

But, the extensive damage requires more care and maintenance local volunteers could provide.

Headstones of veterans, many of which were killed while working at the shipyard, are crumbling. Fences are broken and some of the gates need repair.

While the city has been unable to provide the required maintenance, concerned Bay Area veterans and advocates has organized a National Day of Service last September to provide the space with some much needed aesthetic beautification.

With the site having historical significance, however, the volunteers were not permitted to fix the shattered headstones.

The Administration has worked directly with Vallejo Mayor Bob Sampayan on the applications, and has offered assistance in “replacing government headstones, as it would for any cemetery where veterans are buried.”

“The IRT project and the question of the NCA taking over are independent but complimentary subjects,” said Ralph Peters, a retired U.S. Navy Captain who has worked tirelessly to get the VA to assume responsibility of the cemetery.

“IRT makes no provision for perpetual care whereas the NCA taking over will ensure perpetual care. The IRT project actually compliments the NCA ownership because it will accomplish a lot of the work the NCA would have to perform anyway.”

While the petition calls on the NCA to assume responsibility of the cemetery, the NCA says the Sacramento Valley National Cemetery “served veterans and families in the northern bay area with in ground and above burial options.”

The NCA also said they will be expanding burial service to Bay-area vets with a new columbaria-only urban cemetery at the alameda Point National Cemetery.

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2. [Greater Choice for Veterans](#)

2.1 - Healthcare DIVE: [Developer proposes \\$1B Indiana hospital](#) (26 February, Kim Slowey, 60k uvm; Washington, DC)

Dive Brief:

- Developer Ambrose Property Group has proposed that a \$1 billion hospital complex be built in Carmel, Indiana, although the company is not offering any details on which healthcare system will anchor the project, according to The Indianapolis Star.
- Even though Ambrose officials have declined to comment about the project, according to plans filed with the city, it will encompass 30 acres. On 15 acres, the company wants to construct five buildings, two parking garages and a rooftop helicopter pad. On the other 15 acres, Ambrose's plan includes four buildings and two more parking garages.
- According to a purchase-inquiry letter Ambrose and a development partner sent to nearby property owners, 13 parcels would have to make way for the hospital complex.

The letter also said that Ambrose expects the Carmel Plan Commission to review the project proposal in April.

Dive Insight:

There are other hospital projects underway in Indiana. In the southern part of the state, the Department of Veterans Affairs plans to build a \$925 million, 104-bed hospital in Louisville, Kentucky. There is no scheduled construction start date, but the VA anticipates the design will be ready for review sometime this year. The current Louisville VA hospital, the Robley Rex VA Medical Center, was built in the 1950s.

Hospital systems around the country are upgrading their facilities and building new ones to keep pace with technology and to adjust to modern healthcare delivery methods. While big inpatient hospitals with emergency services aren't going anywhere, healthcare systems are experimenting with smaller "micro-hospitals" to extend their reach in areas that are not in close proximity to a major medical center.

The trend toward smaller facilities is also in response to millennials' increasing demand for more convenient healthcare alternatives, getting as close to on-demand services as they can. James Crispino, director of health and wellness at Gensler, told Construction Dive in December that a reduction in the average hospital stay has also made mini-hospitals a more viable option, leaving more serious cases for inpatient facilities.

The convenience factor especially comes into play with outpatient facilities, and their popularity has been a boon for the construction industry. In fact, in Modern Healthcare's annual Construction & Design Survey last year, researchers found that healthcare contractors were predicting strong growth in outpatient and retail clinics.

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3. [Modernize Our System](#)

3.1 - GCN: [How VA, ICE use data for decision making](#) (26 February, Sara Friedman, 162k uvm; Vienna, VA)

When it comes to treating veterans, the Department of Veterans Affairs collects information on a variety of health conditions for patients ranging in age from 18 to 90. But the agency has problems sharing this information with researchers who could use it advance medical treatments.

"We have all of these data sets locked in silos and part of the problem is knowing that this data exists and how to access it," Rick Chandler, chief financial officer for VA's Office of Information and Technology, said at the Feb. 22 Tableau Government Summit. "We have strong partnerships with some of the best academic institutions in the country, but using the power of data to make executive decisions is still a relatively new phenomenon."

VA recently conducted a pilot with the Tennessee Valley Healthcare System to test how a "behavioral integrated approach" to mental health could improve quality of care. The pilot

showed a 28 percent decrease in the number of suicide events and 38 percent drop in opioid abuse cases.

TVHS also was able to reduce costs by 16 percent, and employees were 20 percent more satisfied in their work. Based on these results, Chandler said, VA is working to figure out how it can replicate the program across the department's systems.

Immigration and Customs Enforcement also is finding benefits in better analytics.

ICE's Homeland Security Investigations component is composed of special agents, analysts, auditors and support staff who are responsible for tracking cross-border criminal activities. Peter Fitzhugh, assistant director of ICE's Information Management Division, said that work frequently requires HSI to ask congressional leaders for extra funding -- and they need data to back up their requests.

"Some of the new executive orders want us to look at the opioid crisis, MS-13 or worksite enforcement," Fitzhugh said. Through data analytics platforms like Tableau, HSI is developing ways to collect data from state and local partners to "provide a narrative to Congress" showing how increases in resources and man hours could improve their operations.

And while data-driven tools can help the agency find and catch criminals, Fitzhugh said HSI is facing "three pillars of doom" that are impacting agents' ability to take action based on their findings.

"Now that we have these fabulous tools that allow us to do stuff very quickly, we want to be able to react, but oftentimes the folks who are responsible for the data being safeguarded [are concerned about the data] being stored in a certain way, " Fitzhugh said. Access controls and the potential "cross-pollination of [sensitive] law enforcement data" are also areas of concern that complicate the efforts, he added.

In order to address this challenges, he said, HSI is looking to bring privacy experts in on the ground floor of operations, so that benefits can be realized immediately rather than several months down the line.

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3.2 - Healthcare Informatics: [VA Partners with DeepMind to Use AI to Identify Deterioration Risk Factors](#) (26 February, Heather Landi, 158k uvm; New York, NY)

The U.S. Department of Veterans Affairs (VA) has approved a medical research partnership with DeepMind, a London-based artificial intelligence research company, to develop and use machine learning algorithms to address the global issue of patient deterioration during hospital care.

DeepMind was acquired by Google in 2014 and is now part of the Alphabet group, Google's parent company.

The partnership will focus on analyzing patterns from approximately 700,000 historical, de-personalized health records to develop machine learning algorithms that will accurately identify risk factors for patient deterioration and predict its onset. According to the VA, patient

deterioration accounts for 11 percent of in-hospital deaths around the world. Initial work will be focused on identifying the most common signs of risk, like acute kidney injury, a problem that can lead to dialysis or death, but is preventable if detected early.

According to a DeepMind press release, acute kidney injury is one of the most common conditions associated with patient deterioration, and an area where DeepMind and the VA both have expertise. "This is a complex challenge, because predicting AKI is far from easy. Not only is the onset of AKI sudden and often asymptomatic, but the risk factors associated with it are commonplace throughout hospitals. AKI can also strike people of any age, and frequently occurs following routine procedures and operations like a hip replacement," the company stated in a press release. "Our goal is to find ways to improve the algorithms currently used to detect AKI and allow doctors and nurses to intervene sooner," DeepMind officials said.

"Medicine is more than treating patients' problems," VA Secretary David J. Shulkin, said in a statement. "Clinicians need to be able to identify risks to help prevent disease. This collaboration is an opportunity to advance the quality of care for our nation's Veterans by predicting deterioration and applying interventions early."

Eventually, similar approaches will be applied to other signs of patient deterioration, leading to improved care for many more patients, with fewer people developing serious infections and conditions.

"We are proud to partner with the Department of Veterans Affairs on this important challenge," Mustafa Suleyman, co-founder of DeepMind, said in a prepared statement. "This project has great potential intelligently to detect and prevent deterioration before patients show serious signs of illness. Speed is vital when a patient is deteriorating: The sooner the right information reaches the right clinician, the sooner the patient can be given the right care."

DeepMind has already partnered with hospitals in the United Kingdom to apply its machine-learning algorithms to research projects looking at eye disease, head and neck cancer, and mammography.

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3.3 - Fierce Healthcare: [VA taps Google's DeepMind to predict patient deterioration](#) (26 February, Evan Sweeney, 141k uvm; Washington, DC)

The Department of Veterans Affairs has launched a partnership with Google's DeepMind to analyze patient records and build a model that can predict when a patient is deteriorating.

The VA said it will allow DeepMind's algorithm to parse through 700,000 depersonalized health records, allowing the company's algorithm to initially focus on predicting the onset of acute kidney injuries.

"Medicine is more than treating patients' problems," VA Secretary David Shulkin, M.D., said in an announcement. "Clinicians need to be able to identify risks to help prevent disease. This collaboration is an opportunity to advance the quality of care for our nation's veterans by predicting deterioration and applying interventions early."

The partnership is one of several ongoing efforts to modernize the VA health system. Shulkin singled out modernization as one of four goals in a six-year strategic plan (PDF). Part of that effort includes eliminating legacy systems, transitioning to cloud-based analytics and implementing a “buy-first” strategy for IT solutions.

In a report (PDF) issued last week, the agency detailed efforts by the Office of Information Technology to streamline services and use health data to focus on high-priority areas like patient care and suicide prevention.

The DeepMind partnership aligns with those broader strategic objectives, allowing the agency to initially test the predictive algorithm on a subset of patients. But DeepMind has also faced scrutiny over the company’s privacy practices in the United Kingdom. Shortly after signing a five-year deal with the National Health Service in 2016, British regulators said the partnership violated the country’s Data Protection Act by sharing data in ways patients would not have reasonably expected.

A separate report issued by DeepMind’s independent panel highlighted lack of clarity in the initial agreement with NHS and outlined several recommendations for future agreements.

DeepMind Health Clinical Lead Dominic King addressed privacy concerns in a blog post announcing the VA partnership.

“As with all of our research work, we are committed to treating the data for this project with the utmost care and respect,” he wrote. “The data being used in the research are depersonalized, meaning that any information that could be used to identify individuals has been removed before DeepMind receives it.”

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4. Focus Resources More Efficiently

4.1 - WCVB (ABC-5, Video): [On her deathbed, VA doctor blows the whistle on Mass. vets' care - Federal investigation open into claims of substandard care, poor management](#) (26 February, Kevin Rothstein, 1.2M uvm; Needham, MA)

Serving the underserved was the theme to Dr. Sarah Kemble's career, whether it be working with activists in Central America in the 1980s or helping found a community health center in Turners Falls.

With that spirit, she took a job in 2014 as chief of medicine for the U.S. Department of Veterans Affairs for the central and western Massachusetts region. She believed that access to good health care care was a right, not a privilege.

But her optimism soon turned to frustration and anger over what she believed were dangerous practices in the regional VA system not being addressed.

Kemble fought to make things better, but she died of cancer in December. Five days before she died, she completed a 23-page affidavit blowing the whistle on what she said was substandard care in the region.

"It is my final wish to complete this affidavit so I can attempt to change systemic and dangerous patient care, dangerous practices and public safety issues," she wrote.

Now, the VA's Office of Accountability and Whistleblower Protection has opened an investigation.

"She wanted to make sure (that) somehow, beyond her passing, the VA would be held accountable," said her husband, Jerry Lund.

Kemble voiced concerns about the qualifications of leadership, substandard care and delays in patient care.

She said the Veteran's Choice Program, the system that's supposed to help veterans access community-based care, has broken down, and money that should have been used for health care was spent on paving and landscaping.

When she complained, she said, retaliation followed.

The Northampton Medical Center, the region's flagship facility, advertises itself as a 24-7 urgent care hospital but, according to the affidavit, it's failing in that mission. Kemble testified that there are no lab service, radiology, clinical pharmacist or appropriate psychiatric service available during nights or weekends.

"This substandard care means patient harm," she wrote.

The accusations of substandard care, especially regarding psychiatric care, are heartbreaking to Kevin Lucey of Belchertown. His son Jeff, a Marine reservist haunted by the ghosts of the Iraq War, killed himself in 2004.

On June 5, Jeff's family brought him to the Northampton VA when he was in crisis. No psychiatrist was at the hospital or was consulted and despite his sister's pleas in the parking lot of the hospital, Jeff was never admitted.

On June 22, he killed himself in the family home's basement, writing a note that his father still has.

"He wrote in a pad that, 'It's 4:35 and I'm completing my death,'" Kevin Lucey said, reading from the handwritten note.

In the wake of Jeff's death, the VA ordered that during off-duty hours, a psychiatrist must always be consulted on mental health cases.

But Kemble said in her affidavit that, a decade later, clinicians were discouraged from doing that.

"It's totally disheartening, it's as if we were betrayed," Kevin Lucey said.

Lisa Brodeur McGan, an attorney representing Kemble, was one of a handful of people at her bedside during her testimony.

"What really crushed her is that she did everything she could to try to fix systemic problems and was defeated, demoralized and retaliated against," McGan said. "When you're dying and you're spending the last weeks of your life doing something to help other people, you know it's real, you know it's truthful and you know it's important."

Kemble told investigators she was transferred and demoted when she tried to fix some of the problems. Her complaint is one of 30 from Massachusetts reported to the VA's Office of Accountability and Whistleblower Protection since the office's inception in June.

Andre Bowser, a spokesperson for the VA's Central Western Massachusetts Healthcare System, said the region is cooperating fully with the investigation but couldn't address specifics.

"Currently it's a pending matter and we can't talk about something or speculate at this time," he told 5 Investigates.

"She felt the commitment to veterans, her patients was more important than having a few extra hours or days left in her life," Lund said.

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4.2 - KRQE (CBS-13, Video): [Veterans to show work at arts festival](#) (26 February, 441k uvm; Albuquerque, NM)

ALBUQUERQUE, N.M. (KRQE) – New Mexico veterans are getting ready to show off their talents this week.

The Veterans Creative Arts Festival begins Tuesday at the Raymond G. Murphy Center in southeast Albuquerque.

Vets will be displaying their own music, art, creative writing, drama and dance.

The VA Hospital says the artwork has helped many vets.

"The arts is the best therapy for them. Although other therapies do work, this has been the most successful in all forms of the arts," said Mary Lou Lopez.

The festival extends through March 2.

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4.3 - MyNewsLA (CNS): [Former VA administrator pleads guilty in parking lot bribes case](#) (26 February, Debbie L. Sklar, 159k uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contracts administrator pleaded guilty Monday to federal tax charges and lying to investigators when he denied taking bribes from a parking lot operator at the VA's Westside medical campus.

Ralph Tillman, 58, of Whittier, who resigned in 2014 after being confronted by VA investigators, admitted that he took well over \$250,000 in "hush money" from Richard Scott, owner of

Westside Services, which had a contract to operate public parking locations across the VA Greater Los Angeles Healthcare System, according to the U.S. Attorney's Office.

Tillman entered a guilty plea before U.S. District Judge R. Gary Klausner in downtown Los Angeles. He faces up to eight years behind bars when he is sentenced May 21.

Scott faces trial in October on charges of conspiracy and major fraud against the United States. The 58-year-old Santa Monica resident is suspected of bribing Tillman to help hide a scheme in which he allegedly failed to pay the VA more than \$11 million generated by his parking lots at the West Los Angeles VA Medical Center campus.

As part of his job, Tillman was responsible for managing contracts with "sharing partners," such as Westside Services, which were required to share revenues with the agency. He admitted in his plea agreement that he first solicited a bribe from Scott in late 2003. About 18 months later, Scott began making monthly cash payments to Tillman, with Scott personally delivering the bribes in sealed FedEx envelopes, according to the plea document.

In return for the cash, Tillman failed to scrutinize annual statements from Scott that he knew contained inaccurately reported revenues and expenses, according to the document. Tillman also admitted that he knew Scott was defrauding the VA out of millions of dollars and that he entered into a contract extension with the parking lot operator in 2011 to continue the fraud and bribery scheme, prosecutors said.

Prosecutors said that during an interview with special agents from the VA's Office of Inspector General in September 2014, Tillman lied when he denied accepting money or anything of value from Scott. But in his plea agreement, Tillman admitted taking \$286,250 from Scott from 2003 through last year, even after his retirement.

The VA contract with Scott was terminated in early 2017 after the agency settled a lawsuit that challenged the VA's use of its Westside campus for any purposes not specifically related to the care and housing of veterans.

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4.4 - Salisbury Post: [James E. Taylor wins gold medal in VA hospital's Creative Arts Festival](#) (27 February, Mark Wineka, 159k uvm; Salisbury, NC)

SALISBURY — James E. Taylor, a Salisbury artist, was awarded the gold medal for oil painting at the 2018 Creative Arts Festival held at the W.G. Hefner VA Medical Center on Feb. 10.

His painting, "Where the Eiders Live — Monhegan, Maine," is an 18-by-36-inch seascape, a picture of sea ducks feeding just off the rocky coast of Monhegan Island. The painting now advances to the national competition of the Creative Arts Festival, to be judged in May and held in Des Moines, Iowa, in October.

Last February, Taylor also was awarded the gold medal in oil painting at the 2017 Creative Arts Festival at the Salisbury VA. That work was titled "After Snowstorm, Early Light on a January Morning," a snow scene in Deerfield, Massachusetts, where he lived for many years.

That painting also advanced to the National Creative Arts Festival, where it was awarded the National Gold Medal in Oil Painting. Taylor attended that national festival, which was held in Buffalo, New York.

Taylor's painting of eiders is a favorite subject of his. The eiders are a species of colorful sea ducks living and feeding on mussels and shellfish clinging to rocks 20 to 60 feet below the surface in the surf.

They populate the rockbound shorelines from Maine and Canada. The duck was almost hunted to extinction in the late 19th century when down feathers were greatly prized in comforters, according to Taylor.

The location of these particular eiders is in the shadow of Bald Head, the northern granite headland on Monhegan facing the Atlantic Ocean where many artists have painted since the mid-19th century.

Monhegan is an island 10 miles at sea from Port Clyde, Maine, reached only by ferry or mailboat. Monhegan in the Abenaki Indian language means "Great Island."

Taylor painted along the Maine coast many times while living in Boston, working as a photographer, graphic designer, marine artist and illustrator after years in the Navy as a photographer's mate.

He has lived in Salisbury for eight years since he left the Northeast, focusing on painting wildfowl, fish and North Carolina landscapes.

He teaches a small group of like-minded artists in atelier explorations of contemporary realism, drawing and oil painting out of Nepenthe Art Studio in Salisbury. More work can be seen on his website, jamesetaylorfineart.com, which has links to contact him for demonstrations, instruction and paintings.

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5. Improve Timeliness of Service

5.1 - Atlanta Journal-Constitution (Video): [Poisoned Camp Lejeune Marines and families to meet Tuesday in Atlanta](#) (26 February, Brad Schrade, 11.9M uvm; Atlanta, GA)

The organizers of a community forum on poisoning at the U.S. Marine Corps' Camp Lejeune have had to close pre-registration because so many impacted Marines and families want to attend.

The North Carolina base's drinking water contained toxic chemicals from the 1950s to the 1980s. Hundreds of thousands of people — Marines and their family members — were exposed to the water. The Lejeune Community Assistance Panel, administered out of the Centers For Disease Control and Prevention offices, was created 13 years ago to share information and give those poisoned, many who are sick, a forum to be heard.

An AJC article on Sunday highlighted complaints about recent efforts designed to help those suffering. Veterans and their families say programs administered through the Department of Veterans Affairs are failing to properly notify those affected and leaving family members behind.

There was so much interest in Tuesday's meeting that organizers had to move it to a larger venue. Information about attending the meeting at Emory Conference Center Hotel and viewing it by livestream are available at this CDC website.

As of last week, 285 people had signed up to attend. Organizers have made arrangements for an overflow room. The Atlanta Mobile Vet Center parked outside to offer assistance to veterans.

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5.2 - Miltiary.com: [Op-Ed: The Time For Caregiver Expansion Is Now](#) (26 February, Linda Bailey, 9M uvm; San Francisco, CA)

Linda Bailey is wife and caregiver to a disabled Air Force veteran of Desert Storm, a current DAV (Disabled American Veterans) Department Service Officer and a DAV Auxiliary Past Department Commander for Tennessee.

In 1991, my husband Albert suffered several massive strokes while serving in the Air Force. Although I was just shy of crossing the 20-year mark with my employer and qualifying for retirement benefits, I was suddenly forced to quit my job to become his full-time caregiver as he worked through a painstaking recovery relearning to talk, walk and perform simple tasks like eating and dressing independently.

Now -- at age 62 -- as many people are starting to look forward to retirement, I have no alternative but to continue working to afford the high-cost caregiving expenses my husband needs. Albert is now able to be on his own for a few hours at a time, but aging has added new complexities to his service-connected disabilities and he still requires significant outside care, and that all comes out-of-pocket. But this would not be the case if he had served in the military just a decade later.

Unfortunately, this story is all too familiar for tens of thousands of veterans and their caregivers across the nation. Veterans injured after September 11, 2001 are eligible for an array of benefits and supports -- including respite care, medical training, health coverage and a monthly stipend - through VA's Program of Comprehensive Assistance for Family Caregivers. But by law, those injured before that date are excluded from the program. This is simply unfair.

This isn't the first time I've stood witness to such hardships. Growing up I watched my mother tirelessly serve as caregiver to my father -- a disabled Battle of the Bulge survivor who was awarded two Purple Hearts -- all without any outside support or benefits. He died in 2002, but not before his care needs took a significant toll on my mother's health and finances.

In my current profession as a benefits counselor with DAV (Disabled American Veterans), I work to get veterans the full range of benefits they deserve. Day in and day out, I meet caregivers like myself who often struggle to get by, who willingly sacrifice their careers and livelihoods and whose health and wellbeing take a back seat to the needs of their loved one. And like my father, I have seen too many injured and ill veterans pass away without ever getting access to support programs they and their caregivers desperately need, all because of an arbitrary date.

There is, however, a ray of hope for our nation's heroes. In December, a provision with strong bipartisan support passed the Senate Veterans' Affairs Committee 14-1 as part of the Caring for Our Veterans Act calling for expansion of VA's caregiver program to severely injured veterans of all generations. Now we need lawmakers in the House and leaders in the administration to fully recognize that expanding the program is not just the right thing to do, but the smart thing to do as well.

A large part of this debate is over funding. But keeping seriously disabled veterans in their homes with family caregivers saves taxpayer money. The cost of supporting a family caregiver is roughly \$37,000 per year, whereas care in a VA nursing home can run upwards of \$400,000 annually. Veterans are also shown to have a better overall quality of life and greater health outcomes when care is provided by a family caregiver. Don't we owe disabled veterans -- no matter what era they served in -- the best chance possible at a fulfilling life?

The physical sacrifices made by my father, my husband and so many other men and women are no less significant than those made by veterans after 9/11, but under the current law they do not receive equal recognition or support. It's time to put a stop to the inequity.

For decades, veterans of the Korean, Vietnam and Gulf Wars have lived with adverse health due to their service-connected disabilities, and their caregivers have shouldered the weight of managing their care alone. Post-9/11 veterans deserve this benefit. But how can we look aging caregivers in the eye and tell them their decades of shared sacrifice mean less? And how many more veterans will die before we are willing to stand up and correct this injustice?

The window of opportunity is closing for many. Now is the time for action, as now may be all they have.

-- The opinions expressed in this op-ed are those of the author and do not necessarily reflect the views of Military.com. If you would like to submit your own commentary, please send your article to opinions@military.com for consideration.

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5.3 - GEEK: [Dogs Can Help Dramatically Reduce PTSD Symptoms in Vets](#) (26 February, Daniel Starkey, 3.2M uvm; New York, NY)

Post-traumatic stress is a doozy. And I speak from experience (tornadoes man, don't live in Oklahoma). When I first diagnosed, my psychiatrist asked me if I had any pets in the house. I told him I had one cat, and he said, "That's good, but you might want to consider getting a dog."

Dogs are peppy, excited, lovable, and can improve the outlook of Trauma patients. At least, that's how the thinking went. But there had been very little data to support the thesis. So little, in fact, that the VA wouldn't pay for the dogs or their training. But a new study shows that dogs are just as amazing as we've always thought.

Given the wind-down of the dual wars in Iraq and Afghanistan, there are millions of veterans returning home, traumatized by their experiences overseas. And that's not to mention those with experiences in natural disasters, mass shootings, and the countless first responders who need to seek counseling and treatment from the same.

Some treatments for PTSD can be pretty effective, but it's hard to keep patients in treatment plans. Dogs and other service animals have been seen as a possible solution, as they can be around patients basically all the time, essentially giving patients constant care.

The study was conducted at Purdue University, working with a non-profit to provide service dogs for 141 veterans. Seventy-five of them were paired with a service dog, while the others were placed on a waitlist (acting as a blind control).

These dogs were specifically training to help lessen panic attacks, create personal space for the veterans by standing in front of them in public, reminding the vets to take their medications, and waking them from nightmares. Veterans also had to take a specialized course to help teach them how to care for the super-pooches.

As part of the process, the veterans were given a psychological inventory that assigned them a score ranging from 17 to 85 — with anything above 50 being classified as PTSD. For scale, a movement often points up or down was clinically significant.

The results were pretty significant, too. With the dog group dropping 12 points on average during the length of the study — while those on the wait-list stayed the same. The dogs were able to help lower depression and give their people a greater quality of life. Those with dogs also saw lower depression scores, better quality of life, less social isolation, etc. What's more is that each of the observed effects was pretty dramatic, too.

It's hard to say what comes next, though. This test was very promising, but the researchers don't want to exaggerate the effects. On average, most of the vets remained above the 50 point threshold, meaning they were still suffering from post-traumatic stress. And, all the veterans in the group wanted a service dog, so this may not be applicable to others.

Still, the improvements weren't small. And this could open the door for more long-term studies. Thanks to these results, the National Institutes of Health are providing the funding necessary for a full clinical trial, with results expected in 2019.

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5.4 - KOLO (ABC-8, Video): [Bar code system helps eliminate medicine mistakes](#) (23 February, Terri Russell, 274k uvm; Reno, NV)

RENO, Nev. (KOLO) - Improper dosage of medicine is the number one fatal medical error.

At the VA Hospital in Reno, the Bar Code Medication Administration, or BCMA, is designed to connect the patient with the right medication with the right dosage at the right time.

The patient is given a wrist band at the time he is admitted to the hospital. The bar code on the wrist bad has the patient's name and other pertinent information on it. As medications are prescribed, that information too will be placed within the bar code. On the patient's floor, a nurse will scan the bar code to identify the patient.

Once that is confirmed, the medication and its proper dosage will appear on the screen. The medication will then appear from a drawer with the patient's name on it below the screen.

"Yep, this is the right medication; I am going to scan it. Even if I see on the package that it is the right medication, I have to scan it. The computer has to tell me that it is the right medication before I can give it. Because the computer is checking the medication. It is checking the dose, the patient, the time, the route that it is being given. It is doing our safety checks," says Erin Pate, VA Mental Health Patient Nurse Manager.

The system has been at the VA more than five years. Pate says it is constantly being updated to be even more efficient, often taking recommendations from nurses, pharmacists, and others.

More than 30% of medicine errors in the hospital occur at the point of administration. The BCMA system cuts those errors by 80%.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Home HQ): [Know your benefit: VA reminds lenders to avoid unauthorized lending fees](#) (26 February, Kevin Lilley, 2.1M uvm; Springfield, VA

Lenders received a reminder from Veterans Benefits Administration officials Friday to ensure the fees they charge to veterans using VA-backed loans are permitted under the program.

On top of its funding fee, VA allows lenders to charge certain fees as part of the loan process; those fees can come in the form of interest rate adjustments. However, it does not allow those fees to be used in connection with a cash advance, which Friday's circular alleges is taking place.

"A charge made to a Veteran in exchange for paying, crediting, funding, advancing, or otherwise establishing methods to advance funds to a Veteran on or after the VA loan closing (other than for advancing allowable charges) is prohibited," per the circular.

The document also makes it clear that lenders cannot establish escrow accounts or any other accounts designed to "subsidize payments through an above market interest rate, or a combination of discount points and above market interest rate." Lenders that are doing so are providing what amounts to a cash advance on VA-back loans, per the document, which is against VA regulations.

That doesn't mean escrow accounts involving other parts of the loan process can't be established.

Mortgages that involve cash advances and/or certain lender fees charged to veterans may be against VA regulations. (Stock/Getty Images) Mortgages that involve cash advances and/or certain lender fees charged to veterans may be against VA regulations. (Stock/Getty Images) The circular does not specify which lenders have engaged in the above practices.

If any of the above rings alarm bells attached to your VA loan shopping process, contact a VA Regional Loan Center for specific guidance.

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7.2 - WTVN (ABC-9): [Chattanooga Housing Authority gets 35 vouchers for homeless veterans](#) (26 February, 200k uvm; Chattanooga, TN)

The Chattanooga Housing Authority (CHA) says thanks to its Housing Choice Voucher Program, a grant from HUD has paid for an additional 35 vouchers for the CHA's VASH (Veterans Affairs Supportive Housing) Program.

The CHA says two case managers from the VA will be accepting applications from homeless veterans and will make referrals to the CHA to provide the additional vouchers.

Tammie Carpenter, Director of the CHA's Housing Choice Voucher Program said, "We are absolutely thrilled with the news from HUD regarding these vouchers. This population is especially important to all of us. These individuals have given so much of themselves for their country and yet, some find themselves without permanent housing which leads to homelessness. These vouchers will provide supportive housing for 35 local veterans."

While the CHA administers the program, it says referrals must come from the local VA office.

CHA Executive Director Elizabeth McCright said, "We are so grateful to HUD for funding these vouchers. Thirty-five of our homeless veterans will soon move into permanent housing which is one of the first critical steps toward self-sufficiency. Our team worked very hard to get this grant and we're proud of their efforts which are about to transform the lives of so many."

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7.3 - WBFO (NPR-88.7, Audio): [With new National Cemetery coming to WNY, families encouraged to check eligibility](#) (26 February, Michael Mroziak, 37k uvm; Buffalo, NY)

By this fall, the U.S. Department of Veterans Affairs hopes to begin construction on the new Western New York National Veterans Cemetery in the Town of Pembroke. Officials with the U.S. Department of Veterans Affairs encourage those who served in the military to do their homework, and take advantage of a benefit that many may not know is one to which they are entitled.

The new cemetery is expected to serve more than 96,000 veterans and their families. The grounds will feature a main ceremonial area for events on Memorial Day and Veterans Day. Local Veterans Service Organizations will also have the opportunity to host ceremonies there.

"It's designed to be very solemn but as a memorial of perpetual care," said Jim Metcalfe, director of the future WNY National Cemetery and the Indiantown Gap National Cemetery near Harrisburg, Pennsylvania. "We have 135 national cemeteries and every one is absolutely beautiful. It's a tribute to the men and women who served out country."

It is also a benefit to which veterans and their families are entitled. Burials, cremations, and the scattering of ashes are all benefits that come at no cost to veterans, spouses and eligible family members.

Metcalfe explained that those serving less than two years prior to 1982 or those since who have served two years honorably are eligible to be buried in a national cemetery. Reservists and National Guard members are also eligible under many circumstances. (Click here for additional information from the VA on who is eligible).

"It's generally the worst time for somebody, when they lose a spouse or a loved one, and not to complicate the hardship but to give a little bit of ease in the decision-making process, it is a wonderful benefit to our veterans where there is no financial strain on the family," Metcalfe said.

It was announced last week that additional land was acquired for the project. A construction contract is expected to be awarded by the end of this summer, according to Metcalfe, with construction beginning this fall. Although completion of the WNY National Cemetery is expected to take up to 30 months, the first burials on the grounds are anticipated about a year after work begins.

Currently, the nearest national cemetery available to Western New York families is located in Bath, New York, approximately 100 miles away from Buffalo.

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8. [Other](#)

8.1 - WRIC (ABC-8, Video): [VA shifts its policy regarding dog research](#) (26 February, Kerri O'Brien, 277k uvm; Richmond, VA)

RICHMOND, Va. (WRIC) — 8News has uncovered a shift in policy at the Department of Veterans Affairs when it comes to canine research.

For the first time since 8News broke the story of deadly dog experiments at McGuire, it appears the VA is taking a closer look at its use of dogs in research. In addition, Secretary David Shulkin is admitting that he is not a supporter of the research.

Dogs 'intentionally injured,' killed during medical testing at McGuire Veteran's Hospital
The VA now says no new canine research will be approved without secondary and possibly a third review.

In an internal memo provided by the VA to 8News regarding the VA's new canine research protocols provided, it states:

"To address recent public and Congressional concerns about VA canine research, VA is expanding the secondary review mechanism to all canine research performed in VA."

Meaning, any canine research going forward must now get approval from the Chief Veterinary Medical Officer Doctor Michael Fallon.

Fallon sat down with 8News last summer defending the testing into cardiovascular disease. He told us sometimes scientifically there's no other option.

"We don't want to be having to use dogs in research but there is no alternative," he said. "There are very specific research projects that require dogs."

Yet, the VA has also confirmed to 8News under this new policy, even if a canine research project gets the green light from Dr. Fallon, it will now also need review from the VA Secretary David Shulkin.

Shulkin recently stated publicly in an interview with another media outlet that he is 'not a strong believer in the need for canine research,' and he will be using 'an extremely high threshold' before approving any new dog research.

"This is an issue of taxpayers being forced to foot the bill for something they find objectionable," said Justin Goodman with the taxpayer watchdog group, White Coat Waste Project.

White Coat finds the research involving dogs implanted with pacemakers then run on treadmills until they collapse abusive. Goodman tells 8News White Coat is optimistic Secretary Shulkin will stick to his word and enact meaningful restrictions on the use of dog research. However, the group is cautious. The group also worries new policy might just be window dressing as Dr. Fallon has been the VAs biggest champion of the research, research white coat calls wasteful.

"The VA has not provided a single example from the 21st century of any discovery that has come from dogs at the Richmond VA," Goodman said.

The new review process does not change anything for the current dog research underway and previously approved at McGuire.

8News have been able to confirm that no new canine research studies have been proposed at the VA since July of 2017.

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8.2 - ConnectingVets: [Shulkin doesn't believe the VA needs canine research, but the invasive testing continues.](#) (26 February, Jonathan Kaupanger, 24k uvm; New York, NY)

"I am not a strong believer in the need for canine research," said VA Secretary David J. Shulkin in an interview with The Daily Caller recently. He goes on to say, "I've put a new policy in place that there will be no additional research with dogs unless it got my personal approval."

There's a problem with Shulkin's statement though: The secretary says, "no additional research." Well, he's not stopping the painful projects currently happening in VA facilities is he?

We've reported on these tests in the past. Holes drilled into puppies' heads and latex injections to the coronary artery, not to forget, that these are taxpayer funded tests.

ConnectingVets reached out to the VA for comment and they say that nothing has changed.

"VA limits canine research to what is scientifically necessary," said VA's Press Secretary Curt Cashour. "No new VA canine research studies have yet been submitted for secondary review since July 2017. After clearing the CVMO's secondary review, any new proposed study will be transmitted to Secretary Shulkin for his personal review."

The problem with this statement is that we can't find any VA policy that states that canine research needs the secretary's approval.

The most recent policy (AR2017-001) on the subject is from December of last year and only mentions a secondary review process where the Chief Veterinary Medicine Officer (CVMO) and the local VA facility's Institutional Care and Use Committee would need to approve the test, but only when there is a change to the level of pain or distress that a dog feels.

So, what should the VA do with the dogs that they are performing tests on now? Finding them homes would be a good start.

But dogs from labs tend to have increased fearfulness, particularly of strangers. Many of their interactions with humans result in physical harm, so, would they even make a good pet, much less a service animal?

According to Dr. Stacy Lopresti-Goodman, Associate Professor of Psychology at Marymount University, yes they do, and in many cases, can bond with veterans easier due to the trauma the dog has experienced.

"This fear does not translate to aggression," said Lopresti-Goodman. "My results found they are significantly less aggressive than other dogs. Additionally, they have increased attachments to their adoptive caregivers, which make them particularly well suited as companions for veterans who experienced trauma, as they often have a hard time connecting with, or communicate their feelings to humans."

Lopresti-Goodman has not worked with dogs from VA labs, however, she has mainly worked with dogs that were used in pharmaceutical and toxicology research.

"I can't applaud him for it because what does this mean?" asked Ernesto P. Hernandez III, Air Force veteran, Purple Heart recipient and CEO of Wounded Paw Project. "I think he just needs to end it. There's no reason to testing animals at this time anymore."

So, just to recap so far, the head of the VA says he doesn't believe in the animal testing that is happening in his own agency. Dogs are resilient and the trauma they experience in the VA labs make them ideal candidates for service dogs for veterans. Why doesn't Secretary Shulkin simply start training them?

Of course the answer is money. It takes about \$20k to train a service dog.

Hernandez and his group can do the training for half the cost: \$5,000 for your normal service dog and \$10,000 to train seizure and diabetic alert dogs. "We know not every one of these dogs will be a service dog," he said.

"But, I can assure you that I can find them a job or make them a great trained pet with a horrible story behind it but a great ending."

So there you are Mr. Secretary. The work is done for you. We know laboratory test dogs make great service dogs for veterans. We know how to get them trained for half the cost.

All you need to do is stop the abusive practices and give these dogs their chance to serve.

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From: (b) (6) >
To:
Cc:
Bcc:
Subject: Secretary's Stand-Up Brief - OPIA - February 28, 2018
Date: Wed Feb 28 2018 07:30:56 CST
Attachments: 180228_VA Secretary's Stand-Up Brief.pptx

Good morning.

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Last Modified: Wed Feb 28 07:30:56 CST 2018



VA Secretary's Stand-Up Brief

28 February 2018

Executive Summary

Aspects of the European travel OIG storyline reemerged with coverage stemming from Secretary Shulkin speaking with reporters at the American Legion event Tuesday. *USA Today* and *AP* articles received wide exposure.

Storyline	Outlets	Analysis	Trend	Priority
Sec. Shulkin: American Legion round-up	USA Today , AP , Military Times , Govt. Executive , WFED (AM) , - Politico , ConnectingVets	The OIG report reemerged in a new storyline as Secretary Shulkin spoke to reporters at the annual American Legion conference. Despite references to the findings of the report and the resulting controversy, this coverage featured messaging from the Secretary about his priorities for the Department moving forward (<i>USA Today</i> , <i>AP</i> , <i>Military Times</i>). This messaging from the Secretary carried over into other coverage that included a focus on his promise to remove adversaries within VA who do not share his priorities (<i>Government Executive</i> , <i>WFED</i>). <i>Politico</i> questioned Dr. Shulkin about any conversations he's had with the president about a potential military parade. <i>ConnectingVets</i> featured an extended interview with the Secretary about the future of VA medical marijuana studies – in a related article Stars and Stripes reported Rep. Phil Roe's (R-Tenn.) public support for medical cannabis research within VA.	Emerged	Resources / Other / Service
DoD IG: DoD to VA transfers	Military.com	In an update to a 2014 report, the Pentagon IG expressed concern that a "significant" number of servicemembers' medical treatment records were not transferred to VA in a "timely manner" and noted the delay could defer the award of VA benefits for those individuals.	Emerged	System
Camp Lejeune Veterans	Atlanta Journal-Constitution	<i>Journal-Constitution</i> reported a leading activist for Camp Lejeune Veterans exposed to toxic tap water plans to lobby Congress to allow the families of those Veterans to sue the federal government for damages.	Long-term	Service
Joint session of HVAC and SVAC	Military.com	<i>Military.com</i> followed concerns expressed by Republican and Democrat committee members that echoed the apprehensions of VSOs that political appointees at the White House and within VA were aggressively pursuing increased privatization of VA healthcare.	Emerged	Choice

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AMERICAN
OVERSIGHT



VA Secretary's Stand-Up Brief

28 February 2018

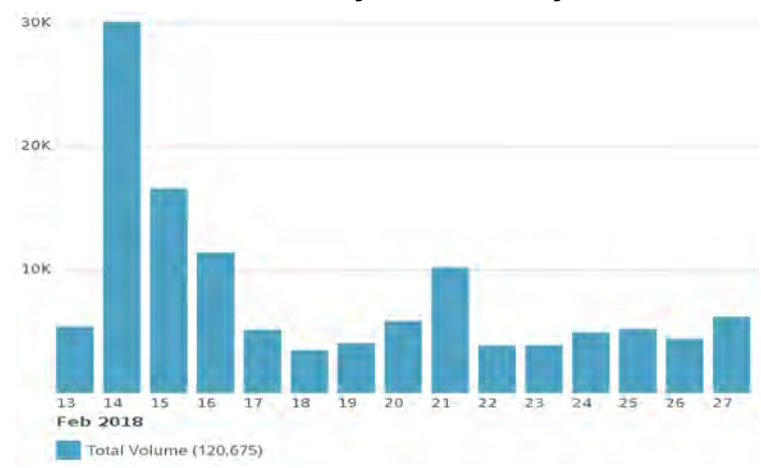
Social Media Takeaway

After the absence of a day, activity that referenced the European travel OIG report storyline reemerged in VA social media. Although, the storyline was not as significant a trend as it had been during the previous week.

Key Points

- Leading activity that referenced the OIG report, a single new tweet from fm. Director of the Office of Government Ethics Walter Shaub was the [second most-retweeted](#) post (510+ RTs). Again, @waltshaub was the primary driver of #ShulkinResign mentions. Similar to prior trends, the hashtag saw little use outside tweets posted by Shaub.
- The [third most-retweeted](#) post also referenced the findings of the OIG report. This was in a broader criticism of President Trump's Cabinet.
- Judicial Watch continued to garner attention with a [new post](#) (210+ RTs) that referenced their blog on the former VA chief of staff as part of a roundup of recent articles. The original [26 Feb. post](#) gained an additional 60+ RTs.
- The [top retweeted](#) post (710+ RTs) cited the 2014 VA "scandal" in a critical tweet made in response to an old remark from fm. President Obama. Replies to the post virtually ignored the reference to VA in preference to a focus on the events of Benghazi or the fm. chief executive's character.
- Lower levels of user engagement sustained on Facebook, with few VA posts managing to exceed 100 reactions. The [Veteran of the Day](#) post reflected this trend with just 350+ reactions. Other posts on the main VA page had similarly low traction with users and gained under 200 reactions. One of those posts linked to [16 Nov. YouTube video](#) from the Department's account that profiled comedian and Navy Veteran Rodney Perry's experience recovering from a heart attack at the Denver VAMC – this video gained 1.2k views to date.

Twitter and Facebook Volume: 13 February – 27 February



Notable Social Media Items

Platform	Item	Relevance
Twitter	#ShulkinResign	570+ Mentions
Twitter	@SecShulkin	1.2k Mentions
Facebook	Veteran of the Day: David Gray (USA)	350+ Reactions, 80+ Shares

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From:

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Cc:

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Subject: [EXTERNAL] 26 February Veterans Affairs Media Summary and News Clips

Date: Mon Feb 26 2018 04:16:02 CST

Attachments: 180226_Veterans Affairs Media Summary and News Clips.docx
180226_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Owner: (b) (6)

Filename: 180226_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Mon Feb 26 04:16:02 CST 2018



Veterans Affairs Media Summary and News Clips

26 February 2018

1. [Top Stories](#)

1.1 - Stars and Stripes: [Shulkin looks to shake off travel controversy and move forward with VA reform](#) (25 February, Nikki Wentling, 1.5M uvm; Washington, DC)

David Shulkin, secretary of the Department of Veterans Affairs, hasn't had an easy week. Or at least that's how he summed up the past 10 days — rife with ethical scandals, infighting at the VA and marked by the departure of his chief of staff — when speaking Sunday morning to hundreds of veterans at the annual Disabled American Veterans conference in Arlington, Va.

[Hyperlink to Above](#)

1.2 - Stars and Stripes: [VA pilot program pairs pups with veterans suffering with PTSD](#) (25 February, Matthew M. Burke, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs is studying how service dogs might be able to help veterans with post-traumatic stress disorder. Though the results are years away, a group helping with that research isn't waiting to pair its pups with servicemembers. Canine Companions for Independence Inc. — a nonprofit in Santa Rosa, Calif., that's been providing service dogs for people with physical disabilities since 1975...

[Hyperlink to Above](#)

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Alphabet's artificial intelligence arm DeepMind and the U.S. Department of Veterans Affairs have unveiled a research partnership focused on predicting patient deterioration in the hospital setting. The issue is the cause of approximately 11 percent of in-hospital deaths, NHS research shows. Together, the organizations will examine 700,000 historical, depersonalized patient medical records. They'll analyze patterns from the data to see if machine learning can pinpoint risk factors for patient deterioration.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

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Vivieca Wright Simpson, who for more than two years was VA Secretary David Shulkin's most senior aide, retired amid findings she misled ethics officials to secure approval for Shulkin's wife to accompany him on a taxpayer-funded trip to Europe and other ethics violations.

[Hyperlink to Above](#)

4.2 - WJET (ABC-24): [Local union chapter bowls to help local veterans, 16th Annual Hometown Heroes Tournament](#) (25 February, Raychel Vendetti, 191k uvm; Erie, PA)

Sunday February 25, 2018 - A successful bowling tournament continues to support the Erie Veteran Affairs Medical Center one strike at a time. The UE Local 506 Sports Committee hosts it's 16th Annual Hometown Heroes bowling tournament Sunday at Eastway Lanes on Buffalo road. Each year, the committee raises money for various veteran needs at the VA.

[Hyperlink to Above](#)

4.3 - Commercial-News: [VA sets nurse recruiting fair](#) (25 February, 193k uvm; Danville, IL)
Veterans Affairs Illiana Health Care System will host a Nurse Hiring Fair from 2-6 p.m. March 7 in the Social Activities Room in Building 104. The fair will give potential nurses on-the-spot job opportunities and interviews, while also offering tours of nursing units at the VA. This hiring event will give future employees a chance to learn the wide range of opportunities available to them.

[Hyperlink to Above](#)

4.4 - Milford-Orange Bulletin: [Murphy, DeLauro visit West Haven, hear veterans' concerns](#) (25 February, Luther Turmelle, 400 uvm; New Haven, CT)

U.S. Sen. Chris Murphy and U.S. Rep. Rosa DeLauro told a group of about three dozen military veterans Saturday morning they are continuing to fight for improved healthcare benefits for those who have served out country. Murphy, D-Conn., said taking care of those who serve in the military is a critical element of the nation's defense. The gathering was held at the West Haven Veterans Museum on Hood Terrace.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - The Gazette (KKTU): [Voice of the Consumer: Vet's eyesight restored after being denied surgery at last minute](#) (25 February, Katie Pelton, 870k uvm; Colorado Springs, CO)

A veteran can see clearly now after our 11 Call for Action team got involved when he was denied eye surgery hours before it was scheduled. Danny Webster reached out to our volunteers when the Department of Veterans Affairs denied his surgery at the last minute. You may have seen this story on KKTU 11 News. It was a simple, quick surgery that would fix his eyesight.

[Hyperlink to Above](#)

5.2 - WUSF (NPR-89.7, Audio): [Bay Pines VA Helping Military Sexual Trauma Survivors](#) (25 February, Bobbie O'Brien, 78k uvm; Tampa, FL)

The Department of Defense estimates 14,900 service members experienced some kind of sexual assault in 2016 - its most recent report. But because of the stigma - many wait decades before they get help - usually from the VA. So it's no surprise, the average age is 45 for women and 50 for men for veterans entering the Bay Pines VA Center for Sexual Trauma Services in St. Petersburg.

[Hyperlink to Above](#)

5.3 - The GW Hatchet: [Student veterans push to bring federal health benefits to campus](#)

(26 February, Meredith Roaten, 56k uvm; Washington, DC)

He was seen by a primary care physician at an off-campus clinic run by the U.S. Department of Veterans Affairs in the fall of 2016, but he wasn't able to get scheduled surgery and was only prescribed Motrin – an over-the-counter anti-inflammatory drug – for the pain. He waited out his injury for eight months using pain killers and taking an off-campus pain management class.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

8. [Other](#)

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[1. Top Stories](#)

1.1 - Stars and Stripes: [Shulkin looks to shake off travel controversy and move forward with VA reform](#) (25 February, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — David Shulkin, secretary of the Department of Veterans Affairs, hasn't had an easy week.

Or at least that's how he summed up the past 10 days — rife with ethical scandals, infighting at the VA and marked by the departure of his chief of staff — when speaking Sunday morning to hundreds of veterans at the annual Disabled American Veterans conference in Arlington, Va.

"So, let me get right to it. This has not been the easiest past week or so for me or my wife," Shulkin opened, drawing laughs from the crowd. "We got a good sense of what Washington is all about."

Shulkin learned a lesson in Washington politics, he said, and he's trying to move past what he described as distractions.

"It's my job to keep pushing for what's the right thing for veterans and what's consistent with the president's agenda," Shulkin told Stars and Stripes after his speech. "I don't want to slow down. I think there are efforts to try to politicize what we're doing, and I'm trying to stay focused on the road ahead and keep us going."

On Feb. 14, VA Inspector General Michael Missal released findings that Shulkin improperly accepted tickets to a tennis match at Wimbledon for he and his wife on an official trip to Europe, and spent much of the taxpayer-funded trip sightseeing. Chief of Staff Vivieca Wright Simpson, who was found to have misled an ethics official into approving travel expenses for Shulkin's wife, announced her retirement amid the fallout. One congressman has called for Shulkin to immediately resign.

Days after the release of the IG report, divisions were publicly revealed between Shulkin and one White House adviser, Jake Leinenkugel, who wrote an email in December expressing frustration and distrust in Shulkin and making known his desire to eventually oust him.

Sunday marked Shulkin's first public address to veterans since the turmoil began, and he was met by a friendly audience. They applauded as he took the stage, and the acclaim continued throughout his speech and after.

"Secretary Shulkin took on one of the toughest and most important jobs in Washington," said Danny Oliver, president of the DAV commander and adjutants association, who introduced Shulkin. "In his confirmation hearing, he pledged to always protect the interests of veterans, which has proven critical as major reforms already underway in the VA system continue."

Shulkin has enjoyed the support of DAV and other major veterans organizations that rallied behind him following the release of the IG report and revelations of battling among VA leadership. The groups said they were satisfied with Shulkin repaying the U.S. Treasury for his wife's travel expenses. They feared any potential replacement for Shulkin would work to push

veterans' medical care into the private sector and dismantle the VA system – something Shulkin has pledged to protect against.

The VA secretary also received little criticism when testifying before the House Committee on Veterans' Affairs one day after the IG report was released. At the hearing, some lawmakers came to his defense.

The White House has yet to issue official, clear support for Shulkin to remain at the VA, an agency where President Donald Trump promised to root out corruption.

But last week, White House Press Secretary Sarah Huckabee Sanders said there was "no reason to believe" Shulkin had lost Trump's confidence. Shulkin told Stars and Stripes on Sunday that he had the president's backing.

Shulkin gave some indication Sunday of how he planned to move forward.

First, he intends to uncover anyone in VA headquarters with "subversive ideas" and remove them.

"My goal is to get us past this distraction and to make sure everybody understands there's only one team," Shulkin said. "People who have subversive ideas or are creating two different agendas don't have a place in the VA, and people have to make a decision whether they're going to be on the team or off the team."

Shulkin wouldn't go into details about any personnel decisions that were made — or could be made — amid the VA infighting.

In a 20-minute speech to the DAV, Shulkin outlined five priorities for the year, the first of which is to legislatively overhaul the Veterans Choice program, which allows veterans to receive medical care in the private sector. One year ago at the same event, he listed the same priority, with the hopes a new system would be in place by 2018.

Legislation has stalled in Congress because of debate over how far veterans' medical care should expand into the private sector. At one point, it appeared Shulkin favored legislation that has bipartisan support in the Senate, while White House officials favored a Republican-led bill that provides more aggressive expansion.

Shulkin said Sunday that negotiations were reaching a consensus.

"It's not been a smooth road. There have been bumps, but that's the way that policy gets made in Washington," he said. "It's rare that you get complete agreement on anything in Washington, but... I think it's all moving in the right direction."

Shulkin's other priorities were modernizing VA infrastructure and technology, improving timeliness of health care and speeding up veterans' disability claims, refocusing resources on veteran-unique medical issues, such as traumatic brain injury and post-traumatic stress disorder, and suicide prevention.

Shulkin is scheduled to speak again Tuesday morning to hundreds of American Legion members.

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1.2 - Stars and Stripes: [VA pilot program pairs pups with veterans suffering with PTSD](#)

(25 February, Matthew M. Burke, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs is studying how service dogs might be able to help veterans with post-traumatic stress disorder. Though the results are years away, a group helping with that research isn't waiting to pair its pups with servicemembers.

Canine Companions for Independence Inc. — a nonprofit in Santa Rosa, Calif., that's been providing service dogs for people with physical disabilities since 1975 — is preparing to launch a pilot program that will train and pair dogs with veterans with PTSD based on a curriculum developed for the VA study.

PTSD is an anxiety disorder caused by the psychological wounds of war and traumatic experiences. Symptoms include anger, paranoia, anxiety and withdrawal from society.

CCI aims to begin pairing dogs with veterans by the middle of this year, with up to 20 placements by mid-2019, said instructor Sarah Birman.

"This is the first time — aside from the VA study — that we will be training dogs in specific skills that are designed to address the symptoms of PTSD," she said. "As we've worked with veterans with PTSD through the VA study, we've had the opportunity to really get to know them, hear some really incredible stories of the ways in which the dogs have helped them."

For its pilot program, CCI is accepting veterans who live within 90 miles of its Santa Rosa campus, but hopes to expand nationwide over the next few years.

Service dogs have been used for years to benefit those with physical disabilities; however, there is no scientific literature that says the animals are equally beneficial to those with PTSD. A 2011 attempt to study the issue was scuttled because of dog bites and was later canceled over concerns about the animals' health and training.

At the end of 2014, the VA kicked off the current study, which it says is more comprehensive and more tightly controlled, with new partners, including Canine Companions.

The most recent group of participants received their dogs in December, Birman said. After 18 months, the VA will compile and publish the results.

Birman said CCI has confidence in the protocols and training techniques, and believe that it will benefit some veterans.

"We believe that dogs can be trained in tasks that can help mitigate aspects of PTSD and help someone in their process of recovery along with other resources that exist already," she said.

Velvet's help

Caleb Davisson, 30, is a former Marine sergeant whose PTSD diagnosis came after a 2011 combat deployment to Helmand province, Afghanistan, where the then-scout sniper's platoon counted more than 200 confirmed kills.

"I was having all of the typical symptoms," he recently told Stars and Stripes. "I was scared to go out in public because I might be around a lot of people. I was depressed. I was withdrawn from everything, basically; hypervigilant all the time."

Davisson said his marriage fell apart and things began to look dire before he decided to seek help. In 2012, he got out of the Marines and headed back to Iowa to live with family. He sought treatment for PTSD through the VA. That's where he learned about the study.

Davisson fit the criteria, and in the summer of 2015 moved to Santa Rosa to work with Birman and CCI. He was paired with one of the first dogs trained by CCI for the VA study, a black English Labrador named Velvet.

Velvet knows about 20 commands, said Davisson, who uses "block" and "behind" the most. When he delivers those commands, Velvet acts as a barrier in front or behind him in a crowded public setting, ensuring that people don't get too close. She also knows how to turn on lights before Davisson enters a room and can clear a room of people before he enters, barking three times if she spots someone.

Velvet "helped me out more than I ever thought she would, just by the commands she performs," Davisson said. "But honestly, aside from the fact that she is a service dog and she's trained to go out in public and all of that, I think just the companionship itself has been the most beneficial out of everything, just having her there all the time and unconditional love."

Davisson said Velvet's help has been immeasurable, because she forces him to take responsibility for her well-being – to get out of bed, to walk and feed her. She protects him from PTSD triggers and has given him the confidence to go to school and get his bachelor's degree in construction management. He has developed ambitious business plans and has started a family.

Another tool

CCI's program will start with about five local veterans, whose dogs will be selected based on temperament, energy levels, confidence and reactions to stimuli, Birman said. For example, they are looking for dogs with a high level of confidence, those that interact or snuggle with their handler, those attuned to their handler's emotional state and are not reactive to loud sounds.

CCI officials will be looking to fine-tune all of their processes, from application procedures to pairing and training handlers and their new furry companions – and to fit the new program into its existing model. It will expand to about 20 placements during the first year.

There will be frequent follow-up meetings to determine how the veterans are benefitting from the dogs and to see whether there are any unforeseen benefits.

If all goes well, CCI could start admitting police, fire and emergency medical personnel to the program, Birman said. It could also start rolling out the program in regional centers in the next few years. The group has also been fundraising to open a PTSD-dedicated building on its campus.

"We've had the opportunity to learn a great deal through the screening process, the placement process, of course the training process with the dogs and also the team-training with veterans

with PTSD, and we feel now, as the VA study is wrapping up, we feel like we'd like to carry that momentum forward," Birman said.

"Service dogs are another tool that is available to veterans," she said. "I think the more options that we make available to people the more people will be able to hopefully find something that works for them. PTSD can be an incredibly debilitating condition and really tremendously isolating, and so, if through these dogs we can make a difference in the lives of even just a handful of veterans, then it will absolutely have been worth it."

Davisson said he plans to continue working with and supporting CCI. He is excited for other veterans with PTSD who might get a chance to enter the program.

"I've had the best experience with Canine Companions for Independence," he said. "They make some awesome dogs. [Velvet] is perfectly docile; perfect behavior. She never makes any mistakes. She's just phenomenal ... I wholeheartedly believe veterans will benefit from these dogs, without a doubt."

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1.3 - MedCity News: [Alphabet's DeepMind and VA want to use AI to study patient deterioration](#) (25 February, Erin Dietsche, 478k uvm; New York, NY)

Alphabet's artificial intelligence arm DeepMind and the U.S. Department of Veterans Affairs have unveiled a research partnership focused on predicting patient deterioration in the hospital setting.

The issue is the cause of approximately 11 percent of in-hospital deaths, NHS research shows.

Together, the organizations will examine 700,000 historical, depersonalized patient medical records. They'll analyze patterns from the data to see if machine learning can pinpoint risk factors for patient deterioration.

To start, the relationship will zoom in on acute kidney injury, a complication related to patient deterioration. Eventually, DeepMind and the VA plan to study other signs of deterioration, too.

"This project has great potential intelligently to detect and prevent deterioration before patients show serious signs of illness," DeepMind cofounder Mustafa Suleyman said in a statement. "Speed is vital when a patient is deteriorating: The sooner the right information reaches the right clinician, the sooner the patient can be given the right care."

VA Secretary David Shulkin agreed. "Clinicians need to be able to identify risks to help prevent disease," he noted, according to a news release. "This collaboration is an opportunity to advance the quality of care for our nation's veterans by predicting deterioration and applying interventions early."

In the past, DeepMind has partnered with various hospitals in the United Kingdom to apply AI to studying eye disease, head and neck cancer and more.

But its work hasn't been free from problems. In 2016, New Scientist reported the National Health Service allowed DeepMind to use patient-specific while the public was left in the dark. At the

time, a Google U.K. spokesperson said via email that DeepMind did make “all this public” on its website.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - Providence Journal: [Veterans Journal: Department of Veterans Affairs chief of staff retires abruptly](#) (25 February, George W. Reilly, 1.2M uvm; Providence, RI)

Vivieca Wright Simpson, who for more than two years was VA Secretary David Shulkin’s most senior aide, retired amid findings she misled ethics officials to secure approval for Shulkin’s wife to accompany him on a taxpayer-funded trip to Europe and other ethics violations.

The Department of Veterans Affairs announced on Feb. 16 that the department’s chief of staff, Vivieca Wright Simpson, has taken early retirement following the release of a VA Inspector General investigation report. A formal investigation has begun into her actions identified in the 97-page IG report, available for download online at <http://bit.ly/2BxDyst>.

The third most senior official at the Department of Veterans Affairs, Simpson, who for more than two years was VA Secretary David Shulkin’s most senior aide, retired amid findings she misled ethics officials to secure approval for Shulkin’s wife to accompany him on a taxpayer-funded trip to Europe and other ethics violations.

The announcement came two days after the VA inspector general released recommendations that she be disciplined for doctoring an email to an ethics lawyer to show Shulkin was getting special recognition or an award during his trip to Denmark and London last summer, the criteria for clearing his wife’s flights with taxpayers footing the bill.

Shulkin apologized in mid-February for mistakes he and his staff made in planning and taking the trip last July. He reimbursed the government for his wife’s airfare and is seeking to reimburse a British veterans’ advocacy group for Wimbledon tennis tickets he and his wife accepted improperly.

The VA said it will continue to review the IG report and its recommendations in more detail before determining possible additional accountability actions on Shulkin and others. VA Office of Accountability and Whistleblower Protection Executive Director Peter O’Rourke will now serve as VA’s permanent chief of staff along with his previous duties.

African American military heroes – part 2

This week's continuation from last week's segment about black military heroes picks up from the post World War II-era originally posted on www.theroot.com website (<http://bit.ly/2ChAHk3>) by Lynette Holloway called "15 Black Military Heroes through the Years," which details those veterans who should be remembered for their valiant service.

The Army's first black four-star general was Roscoe Robinson Jr. The West Point graduate's career spanned two wars and four stars, and, in 1993, West Point recognized him as a distinguished graduate.

Pfc. Milton Olive III was posthumously awarded a Medal of Honor for saving the lives of four Army soldiers during a battle early in the Vietnam War. Milton used his body to cover a grenade to save his fellow soldiers, prompting his platoon commander to say, "It was the most incredible display of selfless bravery I ever witnessed."

The first black chairman of the Joint Chiefs of Staff was Gen. Colin L. Powell, who served 35 years in the Army, rising to the rank of four-star general and becoming chairman of the Joint Chiefs from 1989 to 1993. National security adviser to President Ronald Reagan, he was appointed secretary of state in 2001 in George W. Bush's administration. His numerous awards included two Presidential Medals of Freedom, the Defense Department Distinguished Service Medal with three Oak Leaf Clusters, a Purple Heart and numerous decorations from other countries.

Col. Adele E. Hodges became the first black female commander at Camp Lejeune, N.C., overseeing more than 47,000 U.S. Marines and sailors. She initiated new training procedures, improved camp infrastructure and enhanced security. After two years there, she joined the Inspector General's Office at Marine Corps headquarters in Arlington, Va.

The first black female Navy rear admiral was Lillian E. Fishburne, who was appointed by President Bill Clinton. The appointment also made the now-retired Fishburne the highest-ranking African-American woman in the Navy.

Col. Guion S. Bluford Jr. flew 144 combat missions over North Vietnam as an Air Force pilot and member of the 557th Tactical Fighter Squadron at Cam Ranh Bay. He went on to become one of America's first black astronauts for NASA. He participated in four space shuttle flights between 1983 and 1992 and was the first African American in space.

We thank them all for their outstanding service.

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4.2 - WJET (ABC-24): [Local union chapter bowls to help local veterans, 16th Annual Hometown Heroes Tournament](#) (25 February, Raychel Vendetti, 191k uvm; Erie, PA)

ERIE, Pa - Sunday February 25, 2018 - A successful bowling tournament continues to support the Erie Veteran Affairs Medical Center one strike at a time.

The UE Local 506 Sports Committee hosts it's 16th Annual Hometown Heroes bowling tournament Sunday at Eastway Lanes on Buffalo road.

Each year, the committee raises money for various veteran needs at the VA.

This year, they raised more than \$17,000 and hope to bring in more than \$3,000 through the various auctions and 50/50 proceeds at the event.

"We are doing our part to support local veterans and honor them and pay them back for the sacrifices they have made," says the Chairman of the Committee Matt McCracken

In 2017, the bowling tournament raise more than \$19,000 for programs at the VA.

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4.3 - Commercial-News: [VA sets nurse recruiting fair](#) (25 February, 193k uvm; Danville, IL)

DANVILLE — Veterans Affairs Illiana Health Care System will host a Nurse Hiring Fair from 2-6 p.m. March 7 in the Social Activities Room in Building 104. The fair will give potential nurses on-the-spot job opportunities and interviews, while also offering tours of nursing units at the VA. This hiring event will give future employees a chance to learn the wide range of opportunities available to them.

In hopes of hiring potential nurses, VA Illiana will have the following resources available at the hiring fair: information from the benefits specialist, VETPRO for credentialing, as well as occupational health to schedule future physicals.

This platform will enable networking with hiring managers and applicants along with viewing resumes of all participants.

All interested applicants are encouraged to bring their resumes to the fair, as well as sending their resumes prior to the fair for review by email to: Maria.Thornton@va.gov.

For any questions regarding this fair, contact Douglas Verplank, human resources specialist, at 554-3080 or by email to: Douglas.Verplank@va.gov.

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4.4 - Milford-Orange Bulletin: [Murphy, DeLauro visit West Haven, hear veterans' concerns](#) (25 February, Luther Turmelle, 400 uvm; New Haven, CT)

U.S. Sen. Chris Murphy and U.S. Rep. Rosa DeLauro told a group of about three dozen military veterans Saturday morning they are continuing to fight for improved healthcare benefits for those who have served out country.

Murphy, D-Conn., said taking care of those who serve in the military is a critical element of the nation's defense. The gathering was held at the West Haven Veterans Museum on Hood Terrace.

"If people don't think they going to be taking care of when they come out, they're not sign up in the first place," Murphy said of the nation's all-volunteer armed services.

DeLauro, D-3, said both she and Murphy serve on the Appropriations Committee, which gives them an opportunity to influence how the government spends its money.

“We are looking at increasing the resources that are available,” DeLauro said, especially for healthcare as well as employment and job training programs targeting veterans.

The two-year bipartisan federal budget agreement Congress approved earlier this month includes \$4 billion to upgrade U.S. Department of Veterans Affairs hospitals and clinics, Murphy said. Much of that money, he said, is targeted at fixing up building code violations at the health care facilities.

“The West Haven V.A. is a very old facility that needs a lot of work,” Murphy said. “We’re going to fight to bring as much of that money here as we can.”

During the question and answer session of Saturday’s meeting, several veterans in the audience told the lawmakers that the way the V.A. operates needs to be tinkered with.

Fred Jenks, a retired Marine Corps veteran from Cheshire, said the care V.A. hospitals provide is outstanding once those who have served in the armed services get through the bureaucracy. But, he said, changes need to be made in the system to help veterans who are returning home from the front navigate through the red tape.

“For someone coming back from a war zone who may be in fragile state, it (the V.A. bureaucracy) can be very frustrating,” Jenks said. “Having a single point of contact or a group of people responsible for guiding people through would be very helpful.”

The VA’s healthcare workers would also benefit from a more consumer-driven approach to serving those in their care, he said.

“We do not exist to provide them with jobs,” he told DeLauro and Murphy. “They exist to help us.”

Carol Johnson, an Air Force veteran and a trustee of VFW New Haven Post 12150, said changes need to be made in the way the West Haven campus handles mental health care of those who have served in the military.

“Seventy-five percent of those seen on an out-patient basis are seen by residents,” Johnson said. “They (the doctors doing their residencies) are good, but if you are a veteran being treated for trauma, you need time to develop a relationship with your physician. And the way things are now, residents get cycled out of the system every eight nine months.”

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5. Improve Timeliness of Service

5.1 - The Gazette (KKTU): [Voice of the Consumer: Vet's eyesight restored after being denied surgery at last minute](#) (25 February, Katie Pelton, 870k uvm; Colorado Springs, CO)

A veteran can see clearly now after our 11 Call for Action team got involved when he was denied eye surgery hours before it was scheduled. Danny Webster reached out to our volunteers when the Department of Veterans Affairs denied his surgery at the last minute. You may have seen this story on KKTV 11 News. It was a simple, quick surgery that would fix his eyesight.

Webster had cataract surgery last summer through a private doctor, which was approved by the Choice program. "Last July, through the Choice program with the VA, I had cataracts removed from my eyes," he said. "Everything went fine for a couple months and then I noticed that my vision was getting blurry so I went back to Skyline and they told me that sometimes after cataract surgery scar tissue forms around the incisions that the laser made."

The doctor set up another appointment to have the scar tissue removed. The surgery was scheduled for Jan. 31, but that date came and went. "Everything was set up, I got the paperwork and 17 hours before my surgery was set to take place, Skyline called me up and told me that the VA had canceled my surgery," Webster said. So he called the Choice program. "I asked her why my surgery was canceled and she says, 'Because there's an ophthalmologist at the VA.'"

However, Webster doesn't get his eye care done at the VA. Instead he goes to a private doctor, which the VA approved. 11 Call for Action obtained the authorization form which states Webster can have work done through April at the private doctor. I reached out to the VA and they told me it's just for nonsurgical care, even though the form doesn't specify that.

"I'm blind. I can't see. You are a blur. Everything in this house is a blur," said Webster, who told me he is legally blind without the surgery. "Five months that I've counted to get this appointment for a 20-second surgery and the VA screwed it up within 17 hours. I mean everybody was ready to go."

Webster told me it was a frustrating process because he felt helpless. "I was in the Air Force in civil engineering for 14 years," he said. "I earned this health care. This was not given to me."

After our 11 Call for Action team got involved, the VA agreed to let Webster get the surgery. If you have an issue that you need help with, reach out to our 11 Call for Action team. You can contact our volunteers at 719-457-8211 or submit a complaint on our website kktv.com.

Webster had the 20-second surgery done on Wednesday. I called him to see how everything went and I'm so happy to report that it went well and he can see again.

In fact, he answered the phone and happily said, "I can see clearly now!"

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5.2 - WUSF (NPR-89.7, Audio): [Bay Pines VA Helping Military Sexual Trauma Survivors](#)
(25 February, Bobbie O'Brien, 78k uvm; Tampa, FL)

The Department of Defense estimates 14,900 service members experienced some kind of sexual assault in 2016 - its most recent report. But because of the stigma - many wait decades before they get help - usually from the VA.

So it's no surprise, the average age is 45 for women and 50 for men for veterans entering the Bay Pines VA Center for Sexual Trauma Services in St. Petersburg.

The delay seeking treatment is in part due to the increased level of power and control associated with military sexual trauma said Jessica Keith, a clinical psychologist and manager of the Bay Pines sexual trauma center.

"The perpetrators are often someone in the command line, someone with power. And power not only to ruin someone's career, to impact their standing in the military," Keith said. "We also have to remember these are people with weapons who are trained to use them. So, it can be terrifying when you're sexually traumatized in the military."

And there's added pressure on young recruits because reporting a sexual assault or continued sexual harassment of a fellow service member could be considered a betrayal.

"If they're in your unit, you're told that these are your brothers and sisters, this is your family, that they're supposed to have your back," said Keith. "So, what does it mean when someone is supposed to have your back is the same person who sexually assaults you? It really increases the severity of the trauma on that person."

The Bay Pines program for military sexual trauma survivors takes on those severe cases.

Survivor Jacque Thorington, 53, is an Army veteran and said she felt betrayed and ashamed when a military superior assaulted her decades ago. But she covered up her symptoms using alcohol and prescription drugs.

When she finally went to the VA for help, the outpatient treatment wasn't frequent enough and it required a five-hour, round-trip commute from her home in New Mexico.

"I needed specialized care. And I knew that things were really going wrong," said Thorington who entered the Bay Pines residential program in January. "I was very depressed. I was suicidal. I couldn't function at work anymore. I really thought that my world was done, that I, I was going to kill myself."

In the intense Bay Pines program, she meets with a therapist twice a week for prolonged exposure therapy - where she retells the story of her assault over and over until the strong fear associated with the memory decreases.

Seven days a week, she's in a group session with the other 15 women and men in the program. They often go on field trips to be exposed to "real life" situations like a crowded mall. That's helping Thorington, who said she hadn't left her bedroom for months prior to arriving at Bay Pines.

After just a few weeks, Thorington said she's noted a big difference and is looking forward to enjoying the rest of her life, "and not be looking over my shoulder anymore."

The Bay Pines program is designed to reintegrate veterans back into their community, their work and their personal relationships.

When Army veteran Gail Bethel, 54, entered the program last winter, what she wanted most was a better relationship with her daughter.

Bethel said she became pregnant after being raped on base by an unknown assailant in the early 1980s. It took more than 30 years before she got treatment and graduated from Bay Pines earlier this year.

Her proudest moment came New Year's Eve when her daughter called her 'Mom' for the first time during a phone call, "because she never called me Mom before. She used to call me by my name, or lady. Now she calls me mom."

New Year's also marked another victory for Bethel, who Keith called a "role model" for the program.

"We have a motto we borrowed from Gandhi, 'Be the change you want to see in the world,'" Keith said. "She (Bethel) took it upon herself to organize events for all the veterans here. She organized a New Year's Eve party for them all. She kept planning events. Part of her recovery is building that community and she actively sought that out."

Bay Pines treats about 100 veterans a year in the residential program and another 400 as outpatients for military sexual trauma.

Psychiatrist Dr. Alfonso Carreno, chief of Bay Pines Mental Health and Behavioral Sciences, said he's seen veterans become more open about sexual trauma during his 17 years there.

"So now, we have more males coming forward that are being assessed for military sexual trauma which in the past it was a no-no in the military to share those experiences," Carreno said, adding that men make up about half of all the military sexual assault survivors.

Carreno said because their program is coed, veterans tend to be quicker at re-entering society which has both men and women.

Surveys of Bay Pines program graduates, according to Keith, show that 90 percent or more "have a clinically significant drop in their PTSD and depression symptoms."

Both Carreno and Keith attribute that success to letting veterans set their own goals.

"We ask them what do they want to see different in their life? For some veterans, it might be straightforward, they want fewer nightmares they want less PTSD symptoms, but others want something very different," Keith said.

Bay Pines established the first VA coed, residential program for military sexual trauma in 2000 and it remains one of only a handful in the VA system.

But every VA medical center has a military sexual trauma coordinator to assist veterans.

And the VA expanded eligibility for veterans who experienced military sexual trauma thanks to the Veterans Access, Choice and Accountability Act of 2014.

Veterans who experienced sexual assault or sexual harassment while on active-duty are eligible for free VA treatment even if they did not report the assault while in the military or lack documentation.

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5.3 - The GW Hatchet: [Student veterans push to bring federal health benefits to campus](#)

(26 February, Meredith Roaten, 56k uvm; Washington, DC)

Graduate student Tommy Elms barely remembers his commencement ceremony, even though it was just last spring.

Elms said he was in so much pain from a herniated disc in his back – the result of his time in the U.S. Navy four years ago – that the events of the day were a blur. The disc sent stabbing pain running up and down his leg. It was difficult for him to sit through classes, and he had to take his final exams standing up, he said.

He was seen by a primary care physician at an off-campus clinic run by the U.S. Department of Veterans Affairs in the fall of 2016, but he wasn't able to get scheduled surgery and was only prescribed Motrin – an over-the-counter anti-inflammatory drug – for the pain. He waited out his injury for eight months using pain killers and taking an off-campus pain management class.

"It's George Washington University, it's named after the most famous veteran in our country, so why aren't we at the forefront of veteran issues?"

"It cost me eight months of my life," Elms said.

Two student veterans are seeking to create a partnership between GW's Student Healthcare Program and the Office of Military and Veteran Student Services allowing injured student veterans to receive the same healthcare benefits at GW that they would from the federal government. Organizers of the effort said it would help veterans with service-related disabilities skip lengthy wait times for off-campus primary care.

Veterans H.W. Floyd, a student in the Graduate School of Political Management, and Nicole Serafino, a junior in the Milken Institute School of Public Health, will meet with University President Thomas LeBlanc March 1 to ask him to provide a free health care plan for student veterans with service-related disabilities in addition to the federal tuition benefits they already receive.

Currently, the VA provides veterans with a health care plan, but they are forced to go to crowded VA-approved clinics far off campus to see a doctor. The VA has faced heavy criticism in recent years for prolonged wait times at its clinics nationally.

Floyd said the exact details have yet to be worked out, but he hopes the plan will include coverage for medical emergencies, routine check-ups and specialist care. Currently, the student health care plan includes physical exams, prescription drugs and testing for sexually transmitted diseases. The voluntary annual plan charged students more than \$4,000 this year, according to information on the Colonial Health Center's website.

Floyd, who served in the U.S. Marine Corps, said the new partnership will not only help veterans on campus who face long wait times to get appointments for their injuries, but will help GW lead the country in offerings for veterans because it would be the first of its kind in the country.

Emory University offers a similar program that provides free mental health care to veterans.

"It's George Washington University, it's named after the most famous veteran in our country, so why aren't we at the forefront of veteran issues?" he said.

Floyd said the idea for the partnership came from a class about government committees, and he approached Serafino about a month ago to begin working on the proposal. He said the pair have been working with the veterans office to develop the initiative and hope to convince officials to pursue the plan beginning next academic year.

He said there isn't yet an estimate for the cost, but it will likely be small because of the relatively small number of veterans on campus. There are more than 1,800 students using veteran benefits at GW, but only a portion of them have a service-related disabilities, Floyd said.

If the University can't provide funding, Floyd said the students will launch a fundraiser sometime near the end of March to try to raise the resources necessary to start the partnership.

Andy Sonn, the director of the veteran's office, said the office is aware of the initiative but is waiting for a formal detailed proposal to fully evaluate the plan.

"We look forward to receiving the full proposal and are happy to support the students as they explore their initiative with the University," he said in an email.

He declined to say how many veterans at GW have a disability service rating from the VA. He also declined to say how he felt the program would benefit veterans on campus.

After several top officials left the Office of Veteran and Military Student Services last year, some student veterans questioned the University's commitment to their program.

The effort comes on the heels of a push by student veteran leaders last month to lobby for priority course registration for student veterans.

"If I got hurt right now, I would honestly, not unless I absolutely couldn't walk, not go to the VA because they take forever and it's far."

Serafino was recently a guest on the radio program "Connecting Veterans," a show on WJFK that reports on veterans issues, to promote the effort.

Ariana Escandon, a senior who served in the U.S. Marine Corps, also has a service-related disability – a knee injury from her time at boot camp. She said it would be easier to attend appointments on campus at a medical facility that accepts federal benefits and isn't as slow as VA clinics.

"I know people who have backs where some days it's just horrible and they can't walk and it does inhibit their ability to go to class," she said. "But then it's not very logical to go all the way to the VA just for a note that says, 'hey I couldn't walk today.'"

In recent years, the VA has come under fire for long wait times for treatment across the country. It was estimated in a report in 2016 that more than 300,000 veterans died waiting to be seen.

"If I got hurt right now, I would honestly, not unless I absolutely couldn't walk, not go to the VA because they take forever and it's far," she said.

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Veterans Affairs Media Summary and News Clips

26 February 2018

1. [Top Stories](#)

1.1 - Stars and Stripes: [Shulkin looks to shake off travel controversy and move forward with VA reform](#) (25 February, Nikki Wentling, 1.5M uvm; Washington, DC)

David Shulkin, secretary of the Department of Veterans Affairs, hasn't had an easy week. Or at least that's how he summed up the past 10 days — rife with ethical scandals, infighting at the VA and marked by the departure of his chief of staff — when speaking Sunday morning to hundreds of veterans at the annual Disabled American Veterans conference in Arlington, Va.

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1.2 - Stars and Stripes: [VA pilot program pairs pups with veterans suffering with PTSD](#) (25 February, Matthew M. Burke, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs is studying how service dogs might be able to help veterans with post-traumatic stress disorder. Though the results are years away, a group helping with that research isn't waiting to pair its pups with servicemembers. Canine Companions for Independence Inc. — a nonprofit in Santa Rosa, Calif., that's been providing service dogs for people with physical disabilities since 1975...

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1.3 - MedCity News: [Alphabet's DeepMind and VA want to use AI to study patient deterioration](#) (25 February, Erin Dietsche, 478k uvm; New York, NY)

Alphabet's artificial intelligence arm DeepMind and the U.S. Department of Veterans Affairs have unveiled a research partnership focused on predicting patient deterioration in the hospital setting. The issue is the cause of approximately 11 percent of in-hospital deaths, NHS research shows. Together, the organizations will examine 700,000 historical, depersonalized patient medical records. They'll analyze patterns from the data to see if machine learning can pinpoint risk factors for patient deterioration.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - Providence Journal: [Veterans Journal: Department of Veterans Affairs chief of staff retires abruptly](#) (25 February, George W. Reilly, 1.2M uvm; Providence, RI)

Vivieca Wright Simpson, who for more than two years was VA Secretary David Shulkin's most senior aide, retired amid findings she misled ethics officials to secure approval for Shulkin's wife to accompany him on a taxpayer-funded trip to Europe and other ethics violations.

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4.2 - WJET (ABC-24): [Local union chapter bowls to help local veterans, 16th Annual Hometown Heroes Tournament](#) (25 February, Raychel Vendetti, 191k uvm; Erie, PA)
 Sunday February 25, 2018 - A successful bowling tournament continues to support the Erie Veteran Affairs Medical Center one strike at a time. The UE Local 506 Sports Committee hosts it's 16th Annual Hometown Heroes bowling tournament Sunday at Eastway Lanes on Buffalo road. Each year, the committee raises money for various veteran needs at the VA.

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4.3 - Commercial-News: [VA sets nurse recruiting fair](#) (25 February, 193k uvm; Danville, IL)
 Veterans Affairs Illiana Health Care System will host a Nurse Hiring Fair from 2-6 p.m. March 7 in the Social Activities Room in Building 104. The fair will give potential nurses on-the-spot job opportunities and interviews, while also offering tours of nursing units at the VA. This hiring event will give future employees a chance to learn the wide range of opportunities available to them.

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1. [Top Stories](#)

1.1 - Stars and Stripes: [Shulkin looks to shake off travel controversy and move forward with VA reform](#) (25 February, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — David Shulkin, secretary of the Department of Veterans Affairs, hasn't had an easy week.

Or at least that's how he summed up the past 10 days — rife with ethical scandals, infighting at the VA and marked by the departure of his chief of staff — when speaking Sunday morning to hundreds of veterans at the annual Disabled American Veterans conference in Arlington, Va.

"So, let me get right to it. This has not been the easiest past week or so for me or my wife," Shulkin opened, drawing laughs from the crowd. "We got a good sense of what Washington is all about."

Shulkin learned a lesson in Washington politics, he said, and he's trying to move past what he described as distractions.

"It's my job to keep pushing for what's the right thing for veterans and what's consistent with the president's agenda," Shulkin told Stars and Stripes after his speech. "I don't want to slow down. I think there are efforts to try to politicize what we're doing, and I'm trying to stay focused on the road ahead and keep us going."

On Feb. 14, VA Inspector General Michael Missal released findings that Shulkin improperly accepted tickets to a tennis match at Wimbledon for he and his wife on an official trip to Europe, and spent much of the taxpayer-funded trip sightseeing. Chief of Staff Vivieca Wright Simpson, who was found to have misled an ethics official into approving travel expenses for Shulkin's wife, announced her retirement amid the fallout. One congressman has called for Shulkin to immediately resign.

Days after the release of the IG report, divisions were publicly revealed between Shulkin and one White House adviser, Jake Leinenkugel, who wrote an email in December expressing frustration and distrust in Shulkin and making known his desire to eventually oust him.

Sunday marked Shulkin's first public address to veterans since the turmoil began, and he was met by a friendly audience. They applauded as he took the stage, and the acclaim continued throughout his speech and after.

"Secretary Shulkin took on one of the toughest and most important jobs in Washington," said Danny Oliver, president of the DAV commander and adjutants association, who introduced Shulkin. "In his confirmation hearing, he pledged to always protect the interests of veterans, which has proven critical as major reforms already underway in the VA system continue."

Shulkin has enjoyed the support of DAV and other major veterans organizations that rallied behind him following the release of the IG report and revelations of battling among VA leadership. The groups said they were satisfied with Shulkin repaying the U.S. Treasury for his wife's travel expenses. They feared any potential replacement for Shulkin would work to push

veterans' medical care into the private sector and dismantle the VA system – something Shulkin has pledged to protect against.

The VA secretary also received little criticism when testifying before the House Committee on Veterans' Affairs one day after the IG report was released. At the hearing, some lawmakers came to his defense.

The White House has yet to issue official, clear support for Shulkin to remain at the VA, an agency where President Donald Trump promised to root out corruption.

But last week, White House Press Secretary Sarah Huckabee Sanders said there was "no reason to believe" Shulkin had lost Trump's confidence. Shulkin told Stars and Stripes on Sunday that he had the president's backing.

Shulkin gave some indication Sunday of how he planned to move forward.

First, he intends to uncover anyone in VA headquarters with "subversive ideas" and remove them.

"My goal is to get us past this distraction and to make sure everybody understands there's only one team," Shulkin said. "People who have subversive ideas or are creating two different agendas don't have a place in the VA, and people have to make a decision whether they're going to be on the team or off the team."

Shulkin wouldn't go into details about any personnel decisions that were made — or could be made — amid the VA infighting.

In a 20-minute speech to the DAV, Shulkin outlined five priorities for the year, the first of which is to legislatively overhaul the Veterans Choice program, which allows veterans to receive medical care in the private sector. One year ago at the same event, he listed the same priority, with the hopes a new system would be in place by 2018.

Legislation has stalled in Congress because of debate over how far veterans' medical care should expand into the private sector. At one point, it appeared Shulkin favored legislation that has bipartisan support in the Senate, while White House officials favored a Republican-led bill that provides more aggressive expansion.

Shulkin said Sunday that negotiations were reaching a consensus.

"It's not been a smooth road. There have been bumps, but that's the way that policy gets made in Washington," he said. "It's rare that you get complete agreement on anything in Washington, but... I think it's all moving in the right direction."

Shulkin's other priorities were modernizing VA infrastructure and technology, improving timeliness of health care and speeding up veterans' disability claims, refocusing resources on veteran-unique medical issues, such as traumatic brain injury and post-traumatic stress disorder, and suicide prevention.

Shulkin is scheduled to speak again Tuesday morning to hundreds of American Legion members.

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1.2 - Stars and Stripes: [VA pilot program pairs pups with veterans suffering with PTSD](#)

(25 February, Matthew M. Burke, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs is studying how service dogs might be able to help veterans with post-traumatic stress disorder. Though the results are years away, a group helping with that research isn't waiting to pair its pups with servicemembers.

Canine Companions for Independence Inc. — a nonprofit in Santa Rosa, Calif., that's been providing service dogs for people with physical disabilities since 1975 — is preparing to launch a pilot program that will train and pair dogs with veterans with PTSD based on a curriculum developed for the VA study.

PTSD is an anxiety disorder caused by the psychological wounds of war and traumatic experiences. Symptoms include anger, paranoia, anxiety and withdrawal from society.

CCI aims to begin pairing dogs with veterans by the middle of this year, with up to 20 placements by mid-2019, said instructor Sarah Birman.

"This is the first time — aside from the VA study — that we will be training dogs in specific skills that are designed to address the symptoms of PTSD," she said. "As we've worked with veterans with PTSD through the VA study, we've had the opportunity to really get to know them, hear some really incredible stories of the ways in which the dogs have helped them."

For its pilot program, CCI is accepting veterans who live within 90 miles of its Santa Rosa campus, but hopes to expand nationwide over the next few years.

Service dogs have been used for years to benefit those with physical disabilities; however, there is no scientific literature that says the animals are equally beneficial to those with PTSD. A 2011 attempt to study the issue was scuttled because of dog bites and was later canceled over concerns about the animals' health and training.

At the end of 2014, the VA kicked off the current study, which it says is more comprehensive and more tightly controlled, with new partners, including Canine Companions.

The most recent group of participants received their dogs in December, Birman said. After 18 months, the VA will compile and publish the results.

Birman said CCI has confidence in the protocols and training techniques, and believe that it will benefit some veterans.

"We believe that dogs can be trained in tasks that can help mitigate aspects of PTSD and help someone in their process of recovery along with other resources that exist already," she said.

Velvet's help

Caleb Davisson, 30, is a former Marine sergeant whose PTSD diagnosis came after a 2011 combat deployment to Helmand province, Afghanistan, where the then-scout sniper's platoon counted more than 200 confirmed kills.

"I was having all of the typical symptoms," he recently told Stars and Stripes. "I was scared to go out in public because I might be around a lot of people. I was depressed. I was withdrawn from everything, basically; hypervigilant all the time."

Davisson said his marriage fell apart and things began to look dire before he decided to seek help. In 2012, he got out of the Marines and headed back to Iowa to live with family. He sought treatment for PTSD through the VA. That's where he learned about the study.

Davisson fit the criteria, and in the summer of 2015 moved to Santa Rosa to work with Birman and CCI. He was paired with one of the first dogs trained by CCI for the VA study, a black English Labrador named Velvet.

Velvet knows about 20 commands, said Davisson, who uses "block" and "behind" the most. When he delivers those commands, Velvet acts as a barrier in front or behind him in a crowded public setting, ensuring that people don't get too close. She also knows how to turn on lights before Davisson enters a room and can clear a room of people before he enters, barking three times if she spots someone.

Velvet "helped me out more than I ever thought she would, just by the commands she performs," Davisson said. "But honestly, aside from the fact that she is a service dog and she's trained to go out in public and all of that, I think just the companionship itself has been the most beneficial out of everything, just having her there all the time and unconditional love."

Davisson said Velvet's help has been immeasurable, because she forces him to take responsibility for her well-being – to get out of bed, to walk and feed her. She protects him from PTSD triggers and has given him the confidence to go to school and get his bachelor's degree in construction management. He has developed ambitious business plans and has started a family.

Another tool

CCI's program will start with about five local veterans, whose dogs will be selected based on temperament, energy levels, confidence and reactions to stimuli, Birman said. For example, they are looking for dogs with a high level of confidence, those that interact or snuggle with their handler, those attuned to their handler's emotional state and are not reactive to loud sounds.

CCI officials will be looking to fine-tune all of their processes, from application procedures to pairing and training handlers and their new furry companions – and to fit the new program into its existing model. It will expand to about 20 placements during the first year.

There will be frequent follow-up meetings to determine how the veterans are benefitting from the dogs and to see whether there are any unforeseen benefits.

If all goes well, CCI could start admitting police, fire and emergency medical personnel to the program, Birman said. It could also start rolling out the program in regional centers in the next few years. The group has also been fundraising to open a PTSD-dedicated building on its campus.

"We've had the opportunity to learn a great deal through the screening process, the placement process, of course the training process with the dogs and also the team-training with veterans

with PTSD, and we feel now, as the VA study is wrapping up, we feel like we'd like to carry that momentum forward," Birman said.

"Service dogs are another tool that is available to veterans," she said. "I think the more options that we make available to people the more people will be able to hopefully find something that works for them. PTSD can be an incredibly debilitating condition and really tremendously isolating, and so, if through these dogs we can make a difference in the lives of even just a handful of veterans, then it will absolutely have been worth it."

Davisson said he plans to continue working with and supporting CCI. He is excited for other veterans with PTSD who might get a chance to enter the program.

"I've had the best experience with Canine Companions for Independence," he said. "They make some awesome dogs. [Velvet] is perfectly docile; perfect behavior. She never makes any mistakes. She's just phenomenal ... I wholeheartedly believe veterans will benefit from these dogs, without a doubt."

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1.3 - MedCity News: [Alphabet's DeepMind and VA want to use AI to study patient deterioration](#) (25 February, Erin Dietsche, 478k uvm; New York, NY)

Alphabet's artificial intelligence arm DeepMind and the U.S. Department of Veterans Affairs have unveiled a research partnership focused on predicting patient deterioration in the hospital setting.

The issue is the cause of approximately 11 percent of in-hospital deaths, NHS research shows.

Together, the organizations will examine 700,000 historical, depersonalized patient medical records. They'll analyze patterns from the data to see if machine learning can pinpoint risk factors for patient deterioration.

To start, the relationship will zoom in on acute kidney injury, a complication related to patient deterioration. Eventually, DeepMind and the VA plan to study other signs of deterioration, too.

"This project has great potential intelligently to detect and prevent deterioration before patients show serious signs of illness," DeepMind cofounder Mustafa Suleyman said in a statement. "Speed is vital when a patient is deteriorating: The sooner the right information reaches the right clinician, the sooner the patient can be given the right care."

VA Secretary David Shulkin agreed. "Clinicians need to be able to identify risks to help prevent disease," he noted, according to a news release. "This collaboration is an opportunity to advance the quality of care for our nation's veterans by predicting deterioration and applying interventions early."

In the past, DeepMind has partnered with various hospitals in the United Kingdom to apply AI to studying eye disease, head and neck cancer and more.

But its work hasn't been free from problems. In 2016, New Scientist reported the National Health Service allowed DeepMind to use patient-specific while the public was left in the dark. At

the time, a Google U.K. spokesperson said via email that DeepMind did make “all this public” on its website.

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4.1 - Providence Journal: [Veterans Journal: Department of Veterans Affairs chief of staff retires abruptly](#) (25 February, George W. Reilly, 1.2M uvm; Providence, RI)

Vivieca Wright Simpson, who for more than two years was VA Secretary David Shulkin’s most senior aide, retired amid findings she misled ethics officials to secure approval for Shulkin’s wife to accompany him on a taxpayer-funded trip to Europe and other ethics violations.

The Department of Veterans Affairs announced on Feb. 16 that the department’s chief of staff, Vivieca Wright Simpson, has taken early retirement following the release of a VA Inspector General investigation report. A formal investigation has begun into her actions identified in the 97-page IG report, available for download online at <http://bit.ly/2BxDyst>.

The third most senior official at the Department of Veterans Affairs, Simpson, who for more than two years was VA Secretary David Shulkin’s most senior aide, retired amid findings she misled ethics officials to secure approval for Shulkin’s wife to accompany him on a taxpayer-funded trip to Europe and other ethics violations.

The announcement came two days after the VA inspector general released recommendations that she be disciplined for doctoring an email to an ethics lawyer to show Shulkin was getting special recognition or an award during his trip to Denmark and London last summer, the criteria for clearing his wife’s flights with taxpayers footing the bill.

Shulkin apologized in mid-February for mistakes he and his staff made in planning and taking the trip last July. He reimbursed the government for his wife’s airfare and is seeking to reimburse a British veterans’ advocacy group for Wimbledon tennis tickets he and his wife accepted improperly.

The VA said it will continue to review the IG report and its recommendations in more detail before determining possible additional accountability actions on Shulkin and others. VA Office of Accountability and Whistleblower Protection Executive Director Peter O’Rourke will now serve as VA’s permanent chief of staff along with his previous duties.

African American military heroes – part 2

This week's continuation from last week's segment about black military heroes picks up from the post World War II-era originally posted on www.theroot.com website (<http://bit.ly/2ChAHk3>) by Lynette Holloway called "15 Black Military Heroes through the Years," which details those veterans who should be remembered for their valiant service.

The Army's first black four-star general was Roscoe Robinson Jr. The West Point graduate's career spanned two wars and four stars, and, in 1993, West Point recognized him as a distinguished graduate.

Pfc. Milton Olive III was posthumously awarded a Medal of Honor for saving the lives of four Army soldiers during a battle early in the Vietnam War. Milton used his body to cover a grenade to save his fellow soldiers, prompting his platoon commander to say, "It was the most incredible display of selfless bravery I ever witnessed."

The first black chairman of the Joint Chiefs of Staff was Gen. Colin L. Powell, who served 35 years in the Army, rising to the rank of four-star general and becoming chairman of the Joint Chiefs from 1989 to 1993. National security adviser to President Ronald Reagan, he was appointed secretary of state in 2001 in George W. Bush's administration. His numerous awards included two Presidential Medals of Freedom, the Defense Department Distinguished Service Medal with three Oak Leaf Clusters, a Purple Heart and numerous decorations from other countries.

Col. Adele E. Hodges became the first black female commander at Camp Lejeune, N.C., overseeing more than 47,000 U.S. Marines and sailors. She initiated new training procedures, improved camp infrastructure and enhanced security. After two years there, she joined the Inspector General's Office at Marine Corps headquarters in Arlington, Va.

The first black female Navy rear admiral was Lillian E. Fishburne, who was appointed by President Bill Clinton. The appointment also made the now-retired Fishburne the highest-ranking African-American woman in the Navy.

Col. Guion S. Bluford Jr. flew 144 combat missions over North Vietnam as an Air Force pilot and member of the 557th Tactical Fighter Squadron at Cam Ranh Bay. He went on to become one of America's first black astronauts for NASA. He participated in four space shuttle flights between 1983 and 1992 and was the first African American in space.

We thank them all for their outstanding service.

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4.2 - WJET (ABC-24): [Local union chapter bowls to help local veterans, 16th Annual Hometown Heroes Tournament](#) (25 February, Raychel Vendetti, 191k uvm; Erie, PA)

ERIE, Pa - Sunday February 25, 2018 - A successful bowling tournament continues to support the Erie Veteran Affairs Medical Center one strike at a time.

The UE Local 506 Sports Committee hosts it's 16th Annual Hometown Heroes bowling tournament Sunday at Eastway Lanes on Buffalo road.

Each year, the committee raises money for various veteran needs at the VA.

This year, they raised more than \$17,000 and hope to bring in more than \$3,000 through the various auctions and 50/50 proceeds at the event.

"We are doing our part to support local veterans and honor them and pay them back for the sacrifices they have made," says the Chairman of the Committee Matt McCracken

In 2017, the bowling tournament raise more than \$19,000 for programs at the VA.

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4.3 - Commercial-News: [VA sets nurse recruiting fair](#) (25 February, 193k uvm; Danville, IL)

DANVILLE — Veterans Affairs Illiana Health Care System will host a Nurse Hiring Fair from 2-6 p.m. March 7 in the Social Activities Room in Building 104. The fair will give potential nurses on-the-spot job opportunities and interviews, while also offering tours of nursing units at the VA. This hiring event will give future employees a chance to learn the wide range of opportunities available to them.

In hopes of hiring potential nurses, VA Illiana will have the following resources available at the hiring fair: information from the benefits specialist, VETPRO for credentialing, as well as occupational health to schedule future physicals.

This platform will enable networking with hiring managers and applicants along with viewing resumes of all participants.

All interested applicants are encouraged to bring their resumes to the fair, as well as sending their resumes prior to the fair for review by email to: Maria.Thornton@va.gov.

For any questions regarding this fair, contact Douglas Verplank, human resources specialist, at 554-3080 or by email to: Douglas.Verplank@va.gov.

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4.4 - Milford-Orange Bulletin: [Murphy, DeLauro visit West Haven, hear veterans' concerns](#) (25 February, Luther Turmelle, 400 uvm; New Haven, CT)

U.S. Sen. Chris Murphy and U.S. Rep. Rosa DeLauro told a group of about three dozen military veterans Saturday morning they are continuing to fight for improved healthcare benefits for those who have served out country.

Murphy, D-Conn., said taking care of those who serve in the military is a critical element of the nation's defense. The gathering was held at the West Haven Veterans Museum on Hood Terrace.

"If people don't think they going to be taking care of when they come out, they're not sign up in the first place," Murphy said of the nation's all-volunteer armed services.

DeLauro, D-3, said both she and Murphy serve on the Appropriations Committee, which gives them an opportunity to influence how the government spends its money.

“We are looking at increasing the resources that are available,” DeLauro said, especially for healthcare as well as employment and job training programs targeting veterans.

The two-year bipartisan federal budget agreement Congress approved earlier this month includes \$4 billion to upgrade U.S. Department of Veterans Affairs hospitals and clinics, Murphy said. Much of that money, he said, is targeted at fixing up building code violations at the health care facilities.

“The West Haven V.A. is a very old facility that needs a lot of work,” Murphy said. “We’re going to fight to bring as much of that money here as we can.”

During the question and answer session of Saturday’s meeting, several veterans in the audience told the lawmakers that the way the V.A. operates needs to be tinkered with.

Fred Jenks, a retired Marine Corps veteran from Cheshire, said the care V.A. hospitals provide is outstanding once those who have served in the armed services get through the bureaucracy. But, he said, changes need to be made in the system to help veterans who are returning home from the front navigate through the red tape.

“For someone coming back from a war zone who may be in fragile state, it (the V.A. bureaucracy) can be very frustrating,” Jenks said. “Having a single point of contact or a group of people responsible for guiding people through would be very helpful.”

The VA’s healthcare workers would also benefit from a more consumer-driven approach to serving those in their care, he said.

“We do not exist to provide them with jobs,” he told DeLauro and Murphy. “They exist to help us.”

Carol Johnson, an Air Force veteran and a trustee of VFW New Haven Post 12150, said changes need to be made in the way the West Haven campus handles mental health care of those who have served in the military.

“Seventy-five percent of those seen on an out-patient basis are seen by residents,” Johnson said. “They (the doctors doing their residencies) are good, but if you are a veteran being treated for trauma, you need time to develop a relationship with your physician. And the way things are now, residents get cycled out of the system every eight nine months.”

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5. Improve Timeliness of Service

5.1 - The Gazette (KKTU): [Voice of the Consumer: Vet's eyesight restored after being denied surgery at last minute](#) (25 February, Katie Pelton, 870k uvm; Colorado Springs, CO)

A veteran can see clearly now after our 11 Call for Action team got involved when he was denied eye surgery hours before it was scheduled. Danny Webster reached out to our volunteers when the Department of Veterans Affairs denied his surgery at the last minute. You may have seen this story on KKTV 11 News. It was a simple, quick surgery that would fix his eyesight.

Webster had cataract surgery last summer through a private doctor, which was approved by the Choice program. "Last July, through the Choice program with the VA, I had cataracts removed from my eyes," he said. "Everything went fine for a couple months and then I noticed that my vision was getting blurry so I went back to Skyline and they told me that sometimes after cataract surgery scar tissue forms around the incisions that the laser made."

The doctor set up another appointment to have the scar tissue removed. The surgery was scheduled for Jan. 31, but that date came and went. "Everything was set up, I got the paperwork and 17 hours before my surgery was set to take place, Skyline called me up and told me that the VA had canceled my surgery," Webster said. So he called the Choice program. "I asked her why my surgery was canceled and she says, 'Because there's an ophthalmologist at the VA.'"

However, Webster doesn't get his eye care done at the VA. Instead he goes to a private doctor, which the VA approved. 11 Call for Action obtained the authorization form which states Webster can have work done through April at the private doctor. I reached out to the VA and they told me it's just for nonsurgical care, even though the form doesn't specify that.

"I'm blind. I can't see. You are a blur. Everything in this house is a blur," said Webster, who told me he is legally blind without the surgery. "Five months that I've counted to get this appointment for a 20-second surgery and the VA screwed it up within 17 hours. I mean everybody was ready to go."

Webster told me it was a frustrating process because he felt helpless. "I was in the Air Force in civil engineering for 14 years," he said. "I earned this health care. This was not given to me."

After our 11 Call for Action team got involved, the VA agreed to let Webster get the surgery. If you have an issue that you need help with, reach out to our 11 Call for Action team. You can contact our volunteers at 719-457-8211 or submit a complaint on our website kktv.com.

Webster had the 20-second surgery done on Wednesday. I called him to see how everything went and I'm so happy to report that it went well and he can see again.

In fact, he answered the phone and happily said, "I can see clearly now!"

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5.2 - WUSF (NPR-89.7, Audio): [Bay Pines VA Helping Military Sexual Trauma Survivors](#)
(25 February, Bobbie O'Brien, 78k uvm; Tampa, FL)

The Department of Defense estimates 14,900 service members experienced some kind of sexual assault in 2016 - its most recent report. But because of the stigma - many wait decades before they get help - usually from the VA.

So it's no surprise, the average age is 45 for women and 50 for men for veterans entering the Bay Pines VA Center for Sexual Trauma Services in St. Petersburg.

The delay seeking treatment is in part due to the increased level of power and control associated with military sexual trauma said Jessica Keith, a clinical psychologist and manager of the Bay Pines sexual trauma center.

"The perpetrators are often someone in the command line, someone with power. And power not only to ruin someone's career, to impact their standing in the military," Keith said. "We also have to remember these are people with weapons who are trained to use them. So, it can be terrifying when you're sexually traumatized in the military."

And there's added pressure on young recruits because reporting a sexual assault or continued sexual harassment of a fellow service member could be considered a betrayal.

"If they're in your unit, you're told that these are your brothers and sisters, this is your family, that they're supposed to have your back," said Keith. "So, what does it mean when someone is supposed to have your back is the same person who sexually assaults you? It really increases the severity of the trauma on that person."

The Bay Pines program for military sexual trauma survivors takes on those severe cases.

Survivor Jacque Thorington, 53, is an Army veteran and said she felt betrayed and ashamed when a military superior assaulted her decades ago. But she covered up her symptoms using alcohol and prescription drugs.

When she finally went to the VA for help, the outpatient treatment wasn't frequent enough and it required a five-hour, round-trip commute from her home in New Mexico.

"I needed specialized care. And I knew that things were really going wrong," said Thorington who entered the Bay Pines residential program in January. "I was very depressed. I was suicidal. I couldn't function at work anymore. I really thought that my world was done, that I, I was going to kill myself."

In the intense Bay Pines program, she meets with a therapist twice a week for prolonged exposure therapy - where she retells the story of her assault over and over until the strong fear associated with the memory decreases.

Seven days a week, she's in a group session with the other 15 women and men in the program. They often go on field trips to be exposed to "real life" situations like a crowded mall. That's helping Thorington, who said she hadn't left her bedroom for months prior to arriving at Bay Pines.

After just a few weeks, Thorington said she's noted a big difference and is looking forward to enjoying the rest of her life, "and not be looking over my shoulder anymore."

The Bay Pines program is designed to reintegrate veterans back into their community, their work and their personal relationships.

When Army veteran Gail Bethel, 54, entered the program last winter, what she wanted most was a better relationship with her daughter.

Bethel said she became pregnant after being raped on base by an unknown assailant in the early 1980s. It took more than 30 years before she got treatment and graduated from Bay Pines earlier this year.

Her proudest moment came New Year's Eve when her daughter called her 'Mom' for the first time during a phone call, "because she never called me Mom before. She used to call me by my name, or lady. Now she calls me mom."

New Year's also marked another victory for Bethel, who Keith called a "role model" for the program.

"We have a motto we borrowed from Gandhi, 'Be the change you want to see in the world,'" Keith said. "She (Bethel) took it upon herself to organize events for all the veterans here. She organized a New Year's Eve party for them all. She kept planning events. Part of her recovery is building that community and she actively sought that out."

Bay Pines treats about 100 veterans a year in the residential program and another 400 as outpatients for military sexual trauma.

Psychiatrist Dr. Alfonso Carreno, chief of Bay Pines Mental Health and Behavioral Sciences, said he's seen veterans become more open about sexual trauma during his 17 years there.

"So now, we have more males coming forward that are being assessed for military sexual trauma which in the past it was a no-no in the military to share those experiences," Carreno said, adding that men make up about half of all the military sexual assault survivors.

Carreno said because their program is coed, veterans tend to be quicker at re-entering society which has both men and women.

Surveys of Bay Pines program graduates, according to Keith, show that 90 percent or more "have a clinically significant drop in their PTSD and depression symptoms."

Both Carreno and Keith attribute that success to letting veterans set their own goals.

"We ask them what do they want to see different in their life? For some veterans, it might be straightforward, they want fewer nightmares they want less PTSD symptoms, but others want something very different," Keith said.

Bay Pines established the first VA coed, residential program for military sexual trauma in 2000 and it remains one of only a handful in the VA system.

But every VA medical center has a military sexual trauma coordinator to assist veterans.

And the VA expanded eligibility for veterans who experienced military sexual trauma thanks to the Veterans Access, Choice and Accountability Act of 2014.

Veterans who experienced sexual assault or sexual harassment while on active-duty are eligible for free VA treatment even if they did not report the assault while in the military or lack documentation.

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5.3 - The GW Hatchet: [Student veterans push to bring federal health benefits to campus](#)

(26 February, Meredith Roaten, 56k uvm; Washington, DC)

Graduate student Tommy Elms barely remembers his commencement ceremony, even though it was just last spring.

Elms said he was in so much pain from a herniated disc in his back – the result of his time in the U.S. Navy four years ago – that the events of the day were a blur. The disc sent stabbing pain running up and down his leg. It was difficult for him to sit through classes, and he had to take his final exams standing up, he said.

He was seen by a primary care physician at an off-campus clinic run by the U.S. Department of Veterans Affairs in the fall of 2016, but he wasn't able to get scheduled surgery and was only prescribed Motrin – an over-the-counter anti-inflammatory drug – for the pain. He waited out his injury for eight months using pain killers and taking an off-campus pain management class.

"It's George Washington University, it's named after the most famous veteran in our country, so why aren't we at the forefront of veteran issues?"

"It cost me eight months of my life," Elms said.

Two student veterans are seeking to create a partnership between GW's Student Healthcare Program and the Office of Military and Veteran Student Services allowing injured student veterans to receive the same healthcare benefits at GW that they would from the federal government. Organizers of the effort said it would help veterans with service-related disabilities skip lengthy wait times for off-campus primary care.

Veterans H.W. Floyd, a student in the Graduate School of Political Management, and Nicole Serafino, a junior in the Milken Institute School of Public Health, will meet with University President Thomas LeBlanc March 1 to ask him to provide a free health care plan for student veterans with service-related disabilities in addition to the federal tuition benefits they already receive.

Currently, the VA provides veterans with a health care plan, but they are forced to go to crowded VA-approved clinics far off campus to see a doctor. The VA has faced heavy criticism in recent years for prolonged wait times at its clinics nationally.

Floyd said the exact details have yet to be worked out, but he hopes the plan will include coverage for medical emergencies, routine check-ups and specialist care. Currently, the student health care plan includes physical exams, prescription drugs and testing for sexually transmitted diseases. The voluntary annual plan charged students more than \$4,000 this year, according to information on the Colonial Health Center's website.

Floyd, who served in the U.S. Marine Corps, said the new partnership will not only help veterans on campus who face long wait times to get appointments for their injuries, but will help GW lead the country in offerings for veterans because it would be the first of its kind in the country.

Emory University offers a similar program that provides free mental health care to veterans.

"It's George Washington University, it's named after the most famous veteran in our country, so why aren't we at the forefront of veteran issues?" he said.

Floyd said the idea for the partnership came from a class about government committees, and he approached Serafino about a month ago to begin working on the proposal. He said the pair have been working with the veterans office to develop the initiative and hope to convince officials to pursue the plan beginning next academic year.

He said there isn't yet an estimate for the cost, but it will likely be small because of the relatively small number of veterans on campus. There are more than 1,800 students using veteran benefits at GW, but only a portion of them have a service-related disabilities, Floyd said.

If the University can't provide funding, Floyd said the students will launch a fundraiser sometime near the end of March to try to raise the resources necessary to start the partnership.

Andy Sonn, the director of the veteran's office, said the office is aware of the initiative but is waiting for a formal detailed proposal to fully evaluate the plan.

"We look forward to receiving the full proposal and are happy to support the students as they explore their initiative with the University," he said in an email.

He declined to say how many veterans at GW have a disability service rating from the VA. He also declined to say how he felt the program would benefit veterans on campus.

After several top officials left the Office of Veteran and Military Student Services last year, some student veterans questioned the University's commitment to their program.

The effort comes on the heels of a push by student veteran leaders last month to lobby for priority course registration for student veterans.

"If I got hurt right now, I would honestly, not unless I absolutely couldn't walk, not go to the VA because they take forever and it's far."

Serafino was recently a guest on the radio program "Connecting Veterans," a show on WJFK that reports on veterans issues, to promote the effort.

Ariana Escandon, a senior who served in the U.S. Marine Corps, also has a service-related disability – a knee injury from her time at boot camp. She said it would be easier to attend appointments on campus at a medical facility that accepts federal benefits and isn't as slow as VA clinics.

"I know people who have backs where some days it's just horrible and they can't walk and it does inhibit their ability to go to class," she said. "But then it's not very logical to go all the way to the VA just for a note that says, 'hey I couldn't walk today.'"

In recent years, the VA has come under fire for long wait times for treatment across the country. It was estimated in a report in 2016 that more than 300,000 veterans died waiting to be seen.

"If I got hurt right now, I would honestly, not unless I absolutely couldn't walk, not go to the VA because they take forever and it's far," she said.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

8. [Other](#)

From:

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Cc:

Bcc:

Subject: [EXTERNAL] 25 February Veterans Affairs Media Summary and News Clips

Date: Sun Feb 25 2018 03:30:10 CST

Attachments: 180225_Veterans Affairs Media Summary and News Clips.docx
180225_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.10678.454060-000001

Owner:

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Filename: 180225_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Sun Feb 25 03:30:10 CST 2018



Veterans Affairs Media Summary and News Clips

25 February 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Acting Director Appointed to Permanent Post at Manchester VA](#) (24 February, 24M uvm; Washington, DC)

The man appointed to temporarily lead New Hampshire's only veterans' hospital after several top officials were removed last summer has been named the facility's director. Alfred Montoya had been serving as interim director of the Manchester VA Medical Center since July, when The Boston Globe reported on allegations of substandard care and treatment at the hospital.

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2. [Greater Choice for Veterans](#)

2.1 – Pensacola News Journal: [Philpott: VA, Rep. Roe tie caregiver benefit expansion to tightened eligibility](#) (24 February, Tom Philpott, 439k uvm; Pensacola, FL)

In drafting legislation that would expand comprehensive caregiver benefits to severely injured veterans of all past wars, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, directed staff this month to start with the proposal announced by VA Secretary David Shulkin at a Feb. 6 committee hearing.

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3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 – New Haven Register: [Murphy, DeLauro visit West Haven, hear veterans' concerns](#) (24 February, Luther Turmelle, 437k uvm; New Haven, CT)

U.S. Sen. Chris Murphy and U.S. Rep. Rosa DeLauro told a group of about three dozen military veterans Saturday morning they are continuing to fight for improved healthcare benefits for those who have served out country. Murphy, D-Conn., said taking care of those who serve in the military is a critical element of the nation's defense. The gathering was held at the West Haven Veterans Museum on Hood Terrace.

[Hyperlink to Above](#)

4.2 – News Tribune: [Officials break ground on new, improved VA clinic](#) (24 February, Joe Gamm, 64k uvm; Jefferson City, MO)

Veterans' need for outpatient services in rural Missouri continues to grow, and the Department of Veterans Affairs is stepping in to help. About 60 people gathered Friday afternoon for a groundbreaking ceremony for an expanded Community-Based Outpatient Clinic at 3430 W. Edgewood Drive in Jefferson City. When completed, likely in December, the clinic will replace the existing facility up the road at 2707 W. Edgewood Drive.

[Hyperlink to Above](#)

4.3 - Manchester Ink Link: [Alfred Montoya appointed Manchester VA Medical Center Director](#) (24 February, Kristin Pressley; Manchester, NH)

The U.S. Department of Veterans Affairs (VA) announced on Feb. 23 the appointment of U.S. Air Force Veteran, Alfred Montoya Jr., MHA, VHA-CM as director at the Manchester VA Medical Center.

[Hyperlink to Above](#)

4.4 - East Las Vegas: [VA Secretary David Shulkin Goes Heavy On The Perks](#) (24 February; Las Vegas, NV)

There was an article in the Wednesday Review-Journal regarding VA Secretary David Shulkin. He stated he had no intention of quitting despite findings of travel abuses connected to a trip to Europe. It also stated that he issued a warning to VA staffers rebelling against him: Get back in line or get out.

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5. [Improve Timeliness of Service](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

8. [Other](#)

8.1 – FOX News (VIDEO): [Could veterans be Democrats' secret midterm weapon?](#) (24 February, Joseph Weber, 32.5M uvm; New York, NY)

Washington Democrats and their supporters have recruited and backed dozens of military veterans to run in this year's elections -- even sending some into deep-red districts to challenge the Republican Party for the so-called "guns-and-God" vote and to achieve the party's ultimate mission of taking control of the House.

[Hyperlink to Above](#)

8.2 – Holy City Sinner: [Trident VA Outpatient Clinic Hosts Veteran Health Fair](#) (24 February, Charleston, SC)

On Wednesday, February 28th, the Ralph H. Johnson VA Medical Center's Trident VA Outpatient Clinic will host their inaugural Veteran Health Fair from 9 am to 1 pm at the clinic located at 9237 University Blvd., North Charleston.

[Hyperlink to Above](#)

8.3 – Lawton Constitution: [Local Woman Charged With Stealing Mailed Prescription Painkillers](#) (24 February, Vicky Smith, 47.6k uvm; Lawton, OK)

A former employee of a local delivery service is alleged to have stolen a package of prescription medication addressed from the Veterans Administration. Lawton resident Regina E. Gossett, 37, is charged with two felonies: larceny of hydrocodone, tramadol and phenobarbital and possession of hydrocodone with intent to distribute.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Acting Director Appointed to Permanent Post at Manchester VA](#) (24 February, 24M uvm; Washington, DC)

The man appointed to temporarily lead New Hampshire's only veterans' hospital after several top officials were removed last summer has been named the facility's director.

Alfred Montoya had been serving as interim director of the Manchester VA Medical Center since July, when The Boston Globe reported on allegations of substandard care and treatment at the hospital.

He came to New Hampshire from Vermont, where he served as medical director at the White River Junction VA facility. Officials say his leadership in Manchester immediately improved care for New Hampshire veterans and has fostered unprecedented community collaboration.

A federal agency concluded last month that the Manchester facility failed to take whistleblowers seriously when they complained about a fly-infested operating room, surgical instruments that weren't always sterilized and patients who weren't treated properly.

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2. [Greater Choice for Veterans](#)

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In drafting legislation that would expand comprehensive caregiver benefits to severely injured veterans of all past wars, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, directed staff this month to start with the proposal announced by VA Secretary David Shulkin at a Feb. 6 committee hearing.

Shulkin said he supports extending caregiver benefits — which includes a monthly stipend, access to health care insurance, caregiver training, stress counseling and a period of paid respite away from caregiver responsibilities — to persons caring for veterans catastrophically injured in wars back to World War II.

However, as a condition for making benefits available to veterans injured before the Afghanistan and Iraq wars, Shulkin wants Congress to narrow eligibility criteria. Post-9/11 veterans now qualify for the comprehensive benefits if their physical or mental injuries prevent them from performing one or more activities of daily living, whether bathing, preparing meals or dressing themselves. It's a level caregiver need medical experts describe as Tier 1.

Shulkin proposes that Congress align the VA plan's eligibility criteria with other caregiver programs that provide benefits only if those injured cannot perform three or more activities of daily living, a Tier 3 threshold. He described this as a "more clinically appropriate criteria" than the Post-9/11 law mandated since 2011.

However, Shulkin said the 26,000 caregivers now drawing benefits under that law should be protected from the changes for as long as they meet the looser criteria. He also said the law should more clearly spell out that veterans are eligible for caregiver benefits if they suffer severe cognitive dysfunction.

"I think that's something we could carry to the Congress and get passed," Roe told Shulkin after he shared his proposal. No committee member disagreed.

If the VA caregiver program is expanded as Shulkin envisions, an additional 40,000 veterans would be eligible, he said. If current Post-9/11 benefits were extended to older generations unchanged, 188,000 veterans would be eligible.

In the Senate, its veterans affairs committee last December approved and sent to the full Senate the Caring for Our Veterans Act (S 2193), with has provisions to extend the current caregiver program to older generations of war-era veterans in two phases and at an estimated cost of \$3.4 billion over five years. Shulkin's more restricted plan presumably would cost a quarter of that total.

VA spent \$500 million last year on its comprehensive caregiver program. VA and veteran service groups both contend caregiver benefits actually save the government billions of dollars because home care avoids the greater cost of sending severely injured vets into nursing facilities. A senior VA official said cost-avoidance under Shulkin's plan could total \$2.5 billion by 2030.

The preference of veteran service organizations is that Congress pass the Senate committee's caregiver expansion, which they worked closely with Sen. Patty Murray, D-Washington, to shape and gain the support of her committee colleagues.

At the House hearing, however, Chairman Roe asked representatives of two veterans groups, and a nationwide advocacy group for caregivers, if they could support Shulkin's call to extend benefits to older generations but also limit eligibility to veterans with Tier 3 conditions.

"We certainly won't oppose any efforts to expand in any way," said Sarah Dean of Paralyzed Veterans of America, emphasizing the unmet needs of caregivers for older severely injured veterans. "And if starting with Tier 3 is what we have to do to start (benefits), we absolutely support that." But she added, "It just won't be the end of the conversation."

Steven Schwab, executive director of the Elizabeth Dole Foundation, said it was "encouraging" to hear VA seriously discuss extending benefits to older generations. The Foundation wants "to explore a timeline on how we move beyond Tier 3 and make sure that all pre-9/11 caregivers who need and deserve support with this benefit receive it (but) yeah, I think we're open to that."

Adrian Atizado with Disabled American Veterans Congress also didn't reject Shulkin's plan, noting that critically important benefits for veterans often start by Congress "making incremental improvements." But lawmakers shouldn't delay more actions to ensure every veteran "is equitably treated," Atizado added.

The Senate committee bill with caregiver expansion language is stalled in that chamber over part of the bill that would modify and extend the Choice program for allowing veterans access to non-VA or community health care. A spokeswoman for Sen. Johnny Isakson, R-Georgia, said the committee chairman continues to support his bill's caregiver expansion plan for older

generations of vets. But, said his spokeswoman, Isakson is “happy to take a look at what the House proposes.”

Senator Murray, on the other hand, rejects Shulkin’s compromise.

“We should be working to expand support for veterans’ caregivers, not restricting it even further,” Murray said. “I absolutely oppose this ... and I will fight against it any way I can in the Senate.”

Carlos Fuentes with Veterans of Foreign War said the Senate bill is the ideal and he disagreed with Shulkin that current eligibility rules are too loose.

“Frankly, it doesn’t matter how many activities of daily living a veteran isn’t able to perform. What matters is if they need the assistance of a caregiver. And there are some cases where being unable to perform one ADL — eating or going to the bathroom or another activity — requires the assistance of a caregiver,” he said.

“Doctors certainly should receive more guidance as to how to make those determinations,” Fuentes said. “But we think that savings [through cost avoidance] can be achieved by extending eligibility criteria as is.”

Veteran representatives spent much of their time before the House committee knocking down claims by Republicans that the current caregiver program is widely abused or offers benefits duplicative of other VA programs.

Two weeks after hearing, Roe said he supports expanding the caregiver program to older generations but “we must have an honest conversation about the right balance between both the cost and clinical appropriateness of any expansion.”

Therefore, he will hold a roundtable discussion with veteran service organizations and members of the House and Senate committees to get feedback on his proposed legislation. That will be followed by a televised hearing where he plans to move caregiver expansion legislation forward to the full House.

Caregivers of older generations should recognize now that it’s up to Congress to act, Shulkin suggested.

“This is really your decision,” he told the House committee. “The Senate and the House have to come to agreement on this.”

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3. Modernize Our System

4. Focus Resources More Efficiently

4.1 – New Haven Register: [Murphy, DeLauro visit West Haven, hear veterans' concerns](#)
(24 February, Luther Turmelle, 437k uvm; New Haven, CT)

U.S. Sen. Chris Murphy and U.S. Rep. Rosa DeLauro told a group of about three dozen military veterans Saturday morning they are continuing to fight for improved healthcare benefits for those who have served out country.

Murphy, D-Conn., said taking care of those who serve in the military is a critical element of the nation's defense. The gathering was held at the West Haven Veterans Museum on Hood Terrace.

"If people don't think they going to be taking care of when they come out, they're not sign up in the first place," Murphy said of the nation's all-volunteer armed services.

DeLauro, D-3, said both she and Murphy serve on the Appropriations Committee, which gives them an opportunity to influence how the government spends its money.

"We are looking at increasing the resources that are available," DeLauro said, especially for healthcare as well as employment and job training programs targeting veterans.

The two-year bipartisan federal budget agreement Congress approved earlier this month includes \$4 billion to upgrade U.S. Department of Veterans Affairs hospitals and clinics, Murphy said. Much of that money, he said, is targeted at fixing up building code violations at the health care facilities.

"The West Haven V.A. is a very old facility that needs a lot of work," Murphy said. "We're going to fight to bring as much of that money here as we can."

During the question and answer session of Saturday's meeting, several veterans in the audience told the lawmakers that the way the V.A. operates needs to be tinkered with.

Fred Jenks, a retired Marine Corps veteran from Cheshire, said the care V.A. hospitals provide is outstanding once those who have served in the armed services get through the bureaucracy. But, he said, changes need to be made in the system to help veterans who are returning home from the front navigate through the red tape.

"For someone coming back from a war zone who may be in fragile state, it (the V.A. bureaucracy) can be very frustrating," Jenks said. "Having a single point of contact or a group of people responsible for guiding people through would be very helpful."

The VA's healthcare workers would also benefit from a more consumer-driven approach to serving those in their care, he said.

"We do not exist to provide them with jobs," he told DeLauro and Murphy. "They exist to help us."

Carol Johnson, an Air Force veteran and a trustee of VFW New Haven Post 12150, said changes need to be made in the way the West Haven campus handles mental health care of those who have served in the military.

"Seventy-five percent of those seen on an out-patient basis are seen by residents," Johnson said. "They (the doctors doing their residencies) are good, but if you are a veteran being treated for trauma, you need time to develop a relationship with your physician. And the way things are now, residents get cycled out of the system every eight nine months."

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4.2 – News Tribune: [Officials break ground on new, improved VA clinic](#) (24 February, Joe Gamm, 64k uvm; Jefferson City, MO)

Veterans' need for outpatient services in rural Missouri continues to grow, and the Department of Veterans Affairs is stepping in to help.

About 60 people gathered Friday afternoon for a groundbreaking ceremony for an expanded Community-Based Outpatient Clinic at 3430 W. Edgewood Drive in Jefferson City. When completed, likely in December, the clinic will replace the existing facility up the road at 2707 W. Edgewood Drive.

The new facility will increase the size of the clinic from approximately 7,600 square feet to approximately 10,500 square feet. The new facility will have 12 exam rooms, doubling the current facility's six.

It will provide primary care, behavioral health, audiology, podiatry, telemedicine, laboratory services and optometry, said Richard Burns, who specializes in internal medicine.

"We're excited to have a new facility," Burns said. "We're really tight in the current one."

David Isaacks, director of the Harry S Truman Memorial Veterans' Hospital, said since its opening in 2008, the number of patients treated at the clinic has grown. Doctors at the clinic treated about 4,500 veterans over the past year, Isaacks said Friday.

"Outpatient clinics are very important to our health system," Isaacks said. "They help us reach out to rural areas."

He said tele-health improves care further, allowing patients to receive specialty care without traveling to the hospital's main facility.

The expansion has been in planning stages for more than a year, VA spokesman Jeffrey Hoelscher said. It is expected to see a substantial increase in care, particularly for podiatry and optometry.

About 40,000 patients receive treatment at Truman VA hospitals and clinics annually, he said. The institution reaches 43 counties in Missouri and one in Illinois.

Most who use the clinic on Edgewood Drive are from Jefferson City, Fort Leonard Wood, Kirksville, Mexico, Marshfield, Lake of the Ozarks, Sedalia and St. James.

Nicholas Havens, chief of primary care at the veterans hospital, said growth at the clinic has been tremendous.

The "old" clinic was created in 2008. However, it has quickly been outgrown, Havens said.

"We've been adding on positions the entire time," Havens said. "For us, we think that's a good sign. This is health care that these guys are entitled to."

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4.3 - Manchester Ink Link: [Alfred Montoya appointed Manchester VA Medical Center Director](#) (24 February, Kristin Pressley; Manchester, NH)

The U.S. Department of Veterans Affairs (VA) announced on Feb. 23 the appointment of U.S. Air Force Veteran, Alfred Montoya Jr., MHA, VHA-CM as director at the Manchester VA Medical Center.

Montoya has served as the acting director at Manchester VA Medical Center since July of 2017 after an organizational crisis brought him to the facility. His leadership immediately improved care for New Hampshire Veterans, and his response advanced unprecedented community collaboration, innovation and opportunity.

Before arriving at Manchester, Montoya served as Medical Center Director at the White River Junction VA Medical Center. His proven leadership was applied at the Manchester VA with a focus on partnerships. "My work has been to bring people together to realize all that is possible for Veterans," said Montoya. "I am excited to continue this work, deepen relationships, and enhance collaboration across medical centers in Vermont and New Hampshire. In the last eight months, and with the dedicated staff at Manchester VA, we have made unprecedented change together, and I am humbled and honored to be appointed to be a permanent part of the team."

At the Manchester VA, Montoya will oversee a comprehensive healthcare system classified as a Complexity Level 3 facility that provides care to approximately 33,000 New Hampshire Veterans, with an operating budget of \$141+ million.

"The White River Junction VA Medical Center is grateful for the exceptional work Mr. Montoya accomplished during his time here," said Matthew Mulcahy, acting director, White River Junction VAMC. "It has been my pleasure to have had a chance to serve on Al's leadership team, and I look forward to continuing to strengthening our collaboration with Manchester VA, and offering the best care for our Veterans."

Montoya shared his appreciation with the staff at White River Junction.

"Words cannot express how appreciative I am of each and every one of you and what you do for our Veterans. I am grateful for the time I was able to spend in White River Junction, and I am grateful to continue my mission of caring for our nations heroes," Montoya said.

Manchester VA Medical Center is part of the VA New England Healthcare System which includes eight medical centers, located in the six New England States: Vermont, New Hampshire, Maine, Connecticut, Rhode Island, and Massachusetts. It is an integral part of VISN 1, headquartered in Bedford, Mass. Manchester VA Medical Center is comprised of one main campus located in Manchester, N.H. and four Community Based Outpatient Clinics (CBOCs) located in Conway, Portsmouth, Somersworth, and Tilton. The Portsmouth outpatient clinic is located at Pease Air National Guard Base.

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4.4 - East Las Vegas: [VA Secretary David Shulkin Goes Heavy On The Perks](#) (24 February; Las Vegas, NV)

There was an article in the Wednesday Review-Journal regarding VA Secretary David Shulkin. He stated he had no intention of quitting despite findings of travel abuses connected to a trip to Europe.

It also stated that he issued a warning to VA staffers rebelling against him: Get back in line or get out.

Veterans have been lied to for years by the VA. Now we have a secretary who it appears has no trouble lying to get more perks for himself and his family.

I feel that veterans who have put their lives on the line defending this country need a VA secretary who works for veterans, not embarks upon his own agenda. We don't need a person with a big ego. We need a veterans advocate.

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8.1 – FOX News (VIDEO): [Could veterans be Democrats' secret midterm weapon?](#) (24 February, Joseph Weber, 32.5M uvm; New York, NY)

Washington Democrats and their supporters have recruited and backed dozens of military veterans to run in this year's elections -- even sending some into deep-red districts to challenge

the Republican Party for the so-called “guns-and-God” vote and to achieve the party’s ultimate mission of taking control of the House.

“Veterans are especially appealing candidates in key swing districts,” Massachusetts Democratic Rep. Seth Moulton, who served four tours in Iraq and has been leading such efforts, told Fox News. “Veterans have credibility, not just with Democrats, but with independents and Republicans, as well. They’re the kind of people respected for their leadership, not just their politics.”

Moulton has endorsed 19 military veterans in this year’s House races and plans to back a total of 24 -- the exact number of seats Democrats must win to retake control of the House, with primary races starting in just a few months.

Republicans have, at least in elections in the past several decades, largely won the military vote, including the 2016 White House race in which Republican Donald Trump took 60 percent of the vote, according to exit polls.

However, Democrats see opportunity this year in what they consider the president’s lack of respect for the military -- including his offhanded remark about Arizona GOP Sen. John McCain being captured in Vietnam and the Trump’s public spat with a Gold Star military family.

Moulton, a first-term congressman and Harvard graduate, has at times been critical of Trump, even calling him “draft dodger.” (Trump received a series of student deferments while in college and a medical deferment after graduation, according to Selective Service records.)

But he’s also been outspoken about Washington Democrats and their continued anti-Trump platform, instead touting a pro-jobs message and cultivating what he calls “the next generation of Democrats,” including military veterans.

VoteVets.org, a liberal-leaning political action committee, is backing 36 Democratic military veterans in this year’s congressional races -- three sitting senators and 33 House incumbents or challengers.

The group was founded in 2006 to help veterans of the Iraq and Afghanistan wars, and who were opposed to the Iraq War, get elected to Congress.

Four of the group’s roughly 46 veteran candidates that year won their congressional race, enough to help Democrats retake the House.

But the group has higher expectations this year, largely because of the “tremendous amount of anti-Trump sentiment” and Democrats being “shut out of everything” from the White House to Congress to statehouses across the country, says Jon Soltz, VoteVets chairman and co-founder.

He also maintains that 2018 candidates are in a better position to win than those in previous years -- considering what they’ve done since leaving the military, and because they have a more solid “infrastructure” of successful Democratic veterans in Congress.

Among the names he mentioned were Moulton, Hawaii Rep. Tulsi Gabbard and Illinois Sen. Tammy Duckworth, who in fact lost in 2006, when she first ran for a House seat.

“There’s big difference now,” said Soltz, who points to candidates like Christina Houlahan, a former Air Force officer and nonprofit CEO with degrees from Stanford, the Massachusetts Institute of Technology and the University of Pennsylvania.

“There’s a broader definition of service,” Soltz continued. “Candidates are much more professional.”

Houlahan is running in the Democratic primary in Pennsylvania's 6th Congressional District, a suburban Philadelphia seat occupied by GOP incumbent Rep. Ryan Costello. He won re-election in 2016 by 14 percentage points. But Trump and Democratic presidential nominee Hillary Clinton essentially tied in the district.

Still, Democrats' efforts to run top-tier veteran candidates to help win back white middle-class voters who went for Trump will be stiff challenge.

The two-year budget deal recently passed by Congress had bipartisan support but was led by Republicans in the GOP-controlled Congress who successfully argued the increased spending in the \$400 billion agreement was needed to keep the U.S. military from deteriorating under austere spending caps.

“Our government has no higher responsibility than to support our men and women who are in harm’s way,” House Speaker Paul Ryan, R-Wis., said about the measure, which raised the cap on military spending by roughly \$160 billion.

In addition, the tax cuts signed last year by Trump, after being passed in Congress without a single Democratic vote, is also presenting a challenge to Democrats, who once appeared poised to have a wave election.

Two recent polls show Democrats losing double-digits leads in so-called “generic” polls that ask potential voters which party they prefer in congressional races, even though history shows the party that doesn’t control the White House historically picks up about 30 seats in a midterm.

The Republican National Committee and the National Republican Congressional Committee, whose mission is to help Republicans get elected and reelected to the House, did not respond to requests for comment for this story.

The Democratic Congressional Campaign Committee, the NRCC’s counterpart, told Fox News on Friday that it has more than 40 military veteran candidates in midterm races.

“We’re excited by the incredible candidates with records of service to their nation that have stepped up to run for office this cycle,” said DCCC spokesman Tyler Law. “There’s no doubt that veterans have unique qualifications and experiences that give them important credibility with Democrats, Independents, and Republican voters alike.”

The first real test could come in just a few weeks -- in western Pennsylvania where Democratic nominee Conor Lamb, a federal prosecutor and ex-Marine with an Ivy League law degree, is competing for an open seat against Republican nominee Rick Saccone, a state lawmaker and Air Force veteran.

Trump won the district by nearly 20 points. Lamb is keeping the race close, trailing by about 3 percentage points with voting for the special election on March 13.

Lamb continues to argue that the tax cuts are more of a gift to corporations than to the middle class and that they could have been enacted without increasing the federal debt.

The 33-year-old candidate has also tried to distance himself from the Washington establishment, particularly House Minority Leader Nancy Pelosi, who has said the employee bonuses related to the tax cuts amount to “crumbs.”

Meanwhile, Washington Republicans and their political action groups are reportedly spending millions on TV and digital ads to protect the seat.

“Everyone (except Lamb) must be seeing the latest round of polling that shows public support way up for the Republican tax cuts,” the RNC said last week.

In addition, Vice President Pence has stumped in the district for Saccone, and Trump plans to visit before Election Day.

The DCCC seems noncommittal about whether it will continue to put money into the race.

“We’ll continue to monitor that election day by day,” group chairman Rep. Ben Ray Lujan recently said. “But make no mistake, Conor will have the resources he needs to compete.”

Still, his statement is not being viewed as a sign of defeat.

Moulton and others last summer blasted establishment Democrats for investing so much in their failed effort to win a special election congressional race in the Atlanta suburbs, which likely has them trying to avoid the same mistake, as outside groups continue to help Lamb.

Among the other highly touted Democratic military veteran candidates this year are Navy veteran Gil Cisneros, running for the House seat in Southern California now left open by retiring GOP Rep. Ed Royce, and Mikie Sherrill, a Naval Academy graduate and former helicopter pilot competing for the House seat left open by retiring GOP Rep. Rodney Frelinghuysen, chairman of the House Appropriations Committee

“She just scared him out the race because she’s just an incredible leader,” Moulton recent said on NBC’s “Late Night with Seth Meyers.”

At the beginning of the 115th Congress, 102 members were either serving or had served in the military. That number was one more than at the beginning of the 114th Congress but six fewer than at the beginning of the 113th Congress. The House has 79 veterans and the Senate has 19, according to information from the Congressional Research Service to Fox News.

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8.2 – Holy City Sinner: [Trident VA Outpatient Clinic Hosts Veteran Health Fair](#) (24 February, Charleston, SC)

On Wednesday, February 28th, the Ralph H. Johnson VA Medical Center’s Trident VA Outpatient Clinic will host their inaugural Veteran Health Fair from 9 am to 1 pm at the clinic located at 9237 University Blvd., North Charleston.

Informational booths provided at the health fair will include the following VA services: Eligibility and Enrollment, Mental Health, Suicide Prevention, MOVE! Dietitians, Pharmacy, Transition & Care Management, Patient Advocates, Charleston Vet Center, the Minority Veteran Program, and MyHealtheVet. Community organizations like Project Healing Waters Fly Fishing and the Department of Natural Resources will also be in attendance. VA nurses will be providing on-site blood pressure checks and flu shots.

“We see this as a great opportunity to integrate the community and our VA clinic,” said Jamie Robinson, Trident VA Outpatient Clinic LPN and one of the organizers of the health fair. “We want to let Veterans know what is available to them and give them the opportunity to enroll if they haven’t yet. Our clinic serves about 10,000 Lowcountry Veterans, but we know there are more in the area we can help.”

This event is open to all Veterans and on-site parking is available.

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8.3 – Lawton Constitution: [Local Woman Charged With Stealing Mailed Prescription Painkillers](#) (24 February, Vicky Smith, 47.6k uvm; Lawton, OK)

A former employee of a local delivery service is alleged to have stolen a package of prescription medication addressed from the Veterans Administration.

Lawton resident Regina E. Gossett, 37, is charged with two felonies: larceny of hydrocodone, tramadol and phenobarbital and possession of hydrocodone with intent to distribute.

According to an affidavit, a security officer for the delivery service told Lawton Police Sgt. Jessie Martinez that Gossett, who was an employee at the time of the crime, was caught on surveillance video taking the package. During an interview, she allegedly admitted to Martinez that she stole the package around 6:15 p.m. on Valentine's Day. It was later discovered that the package contained prescription medication.

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Veterans Affairs Media Summary and News Clips

25 February 2018

1. [Top Stories](#)

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The man appointed to temporarily lead New Hampshire's only veterans' hospital after several top officials were removed last summer has been named the facility's director. Alfred Montoya had been serving as interim director of the Manchester VA Medical Center since July, when The Boston Globe reported on allegations of substandard care and treatment at the hospital.

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2. [Greater Choice for Veterans](#)

2.1 – Pensacola News Journal: [Philpott: VA, Rep. Roe tie caregiver benefit expansion to tightened eligibility](#) (24 February, Tom Philpott, 439k uvm; Pensacola, FL)

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He came to New Hampshire from Vermont, where he served as medical director at the White River Junction VA facility. Officials say his leadership in Manchester immediately improved care for New Hampshire veterans and has fostered unprecedented community collaboration.

A federal agency concluded last month that the Manchester facility failed to take whistleblowers seriously when they complained about a fly-infested operating room, surgical instruments that weren't always sterilized and patients who weren't treated properly.

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The preference of veteran service organizations is that Congress pass the Senate committee's caregiver expansion, which they worked closely with Sen. Patty Murray, D-Washington, to shape and gain the support of her committee colleagues.

At the House hearing, however, Chairman Roe asked representatives of two veterans groups, and a nationwide advocacy group for caregivers, if they could support Shulkin's call to extend benefits to older generations but also limit eligibility to veterans with Tier 3 conditions.

"We certainly won't oppose any efforts to expand in any way," said Sarah Dean of Paralyzed Veterans of America, emphasizing the unmet needs of caregivers for older severely injured veterans. "And if starting with Tier 3 is what we have to do to start (benefits), we absolutely support that." But she added, "It just won't be the end of the conversation."

Steven Schwab, executive director of the Elizabeth Dole Foundation, said it was "encouraging" to hear VA seriously discuss extending benefits to older generations. The Foundation wants "to explore a timeline on how we move beyond Tier 3 and make sure that all pre-9/11 caregivers who need and deserve support with this benefit receive it (but) yeah, I think we're open to that."

Adrian Atizado with Disabled American Veterans Congress also didn't reject Shulkin's plan, noting that critically important benefits for veterans often start by Congress "making incremental improvements." But lawmakers shouldn't delay more actions to ensure every veteran "is equitably treated," Atizado added.

The Senate committee bill with caregiver expansion language is stalled in that chamber over part of the bill that would modify and extend the Choice program for allowing veterans access to non-VA or community health care. A spokeswoman for Sen. Johnny Isakson, R-Georgia, said the committee chairman continues to support his bill's caregiver expansion plan for older

generations of vets. But, said his spokeswoman, Isakson is “happy to take a look at what the House proposes.”

Senator Murray, on the other hand, rejects Shulkin’s compromise.

“We should be working to expand support for veterans’ caregivers, not restricting it even further,” Murray said. “I absolutely oppose this ... and I will fight against it any way I can in the Senate.”

Carlos Fuentes with Veterans of Foreign War said the Senate bill is the ideal and he disagreed with Shulkin that current eligibility rules are too loose.

“Frankly, it doesn’t matter how many activities of daily living a veteran isn’t able to perform. What matters is if they need the assistance of a caregiver. And there are some cases where being unable to perform one ADL — eating or going to the bathroom or another activity — requires the assistance of a caregiver,” he said.

“Doctors certainly should receive more guidance as to how to make those determinations,” Fuentes said. “But we think that savings [through cost avoidance] can be achieved by extending eligibility criteria as is.”

Veteran representatives spent much of their time before the House committee knocking down claims by Republicans that the current caregiver program is widely abused or offers benefits duplicative of other VA programs.

Two weeks after hearing, Roe said he supports expanding the caregiver program to older generations but “we must have an honest conversation about the right balance between both the cost and clinical appropriateness of any expansion.”

Therefore, he will hold a roundtable discussion with veteran service organizations and members of the House and Senate committees to get feedback on his proposed legislation. That will be followed by a televised hearing where he plans to move caregiver expansion legislation forward to the full House.

Caregivers of older generations should recognize now that it’s up to Congress to act, Shulkin suggested.

“This is really your decision,” he told the House committee. “The Senate and the House have to come to agreement on this.”

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3. Modernize Our System

4. Focus Resources More Efficiently

4.1 – New Haven Register: [Murphy, DeLauro visit West Haven, hear veterans' concerns](#)
(24 February, Luther Turmelle, 437k uvm; New Haven, CT)

U.S. Sen. Chris Murphy and U.S. Rep. Rosa DeLauro told a group of about three dozen military veterans Saturday morning they are continuing to fight for improved healthcare benefits for those who have served out country.

Murphy, D-Conn., said taking care of those who serve in the military is a critical element of the nation's defense. The gathering was held at the West Haven Veterans Museum on Hood Terrace.

"If people don't think they going to be taking care of when they come out, they're not sign up in the first place," Murphy said of the nation's all-volunteer armed services.

DeLauro, D-3, said both she and Murphy serve on the Appropriations Committee, which gives them an opportunity to influence how the government spends its money.

"We are looking at increasing the resources that are available," DeLauro said, especially for healthcare as well as employment and job training programs targeting veterans.

The two-year bipartisan federal budget agreement Congress approved earlier this month includes \$4 billion to upgrade U.S. Department of Veterans Affairs hospitals and clinics, Murphy said. Much of that money, he said, is targeted at fixing up building code violations at the health care facilities.

"The West Haven V.A. is a very old facility that needs a lot of work," Murphy said. "We're going to fight to bring as much of that money here as we can."

During the question and answer session of Saturday's meeting, several veterans in the audience told the lawmakers that the way the V.A. operates needs to be tinkered with.

Fred Jenks, a retired Marine Corps veteran from Cheshire, said the care V.A. hospitals provide is outstanding once those who have served in the armed services get through the bureaucracy. But, he said, changes need to be made in the system to help veterans who are returning home from the front navigate through the red tape.

"For someone coming back from a war zone who may be in fragile state, it (the V.A. bureaucracy) can be very frustrating," Jenks said. "Having a single point of contact or a group of people responsible for guiding people through would be very helpful."

The VA's healthcare workers would also benefit from a more consumer-driven approach to serving those in their care, he said.

"We do not exist to provide them with jobs," he told DeLauro and Murphy. "They exist to help us."

Carol Johnson, an Air Force veteran and a trustee of VFW New Haven Post 12150, said changes need to be made in the way the West Haven campus handles mental health care of those who have served in the military.

"Seventy-five percent of those seen on an out-patient basis are seen by residents," Johnson said. "They (the doctors doing their residencies) are good, but if you are a veteran being treated for trauma, you need time to develop a relationship with your physician. And the way things are now, residents get cycled out of the system every eight nine months."

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4.2 – News Tribune: [Officials break ground on new, improved VA clinic](#) (24 February, Joe Gamm, 64k uvm; Jefferson City, MO)

Veterans' need for outpatient services in rural Missouri continues to grow, and the Department of Veterans Affairs is stepping in to help.

About 60 people gathered Friday afternoon for a groundbreaking ceremony for an expanded Community-Based Outpatient Clinic at 3430 W. Edgewood Drive in Jefferson City. When completed, likely in December, the clinic will replace the existing facility up the road at 2707 W. Edgewood Drive.

The new facility will increase the size of the clinic from approximately 7,600 square feet to approximately 10,500 square feet. The new facility will have 12 exam rooms, doubling the current facility's six.

It will provide primary care, behavioral health, audiology, podiatry, telemedicine, laboratory services and optometry, said Richard Burns, who specializes in internal medicine.

"We're excited to have a new facility," Burns said. "We're really tight in the current one."

David Isaacks, director of the Harry S Truman Memorial Veterans' Hospital, said since its opening in 2008, the number of patients treated at the clinic has grown. Doctors at the clinic treated about 4,500 veterans over the past year, Isaacks said Friday.

"Outpatient clinics are very important to our health system," Isaacks said. "They help us reach out to rural areas."

He said tele-health improves care further, allowing patients to receive specialty care without traveling to the hospital's main facility.

The expansion has been in planning stages for more than a year, VA spokesman Jeffrey Hoelscher said. It is expected to see a substantial increase in care, particularly for podiatry and optometry.

About 40,000 patients receive treatment at Truman VA hospitals and clinics annually, he said. The institution reaches 43 counties in Missouri and one in Illinois.

Most who use the clinic on Edgewood Drive are from Jefferson City, Fort Leonard Wood, Kirksville, Mexico, Marshfield, Lake of the Ozarks, Sedalia and St. James.

Nicholas Havens, chief of primary care at the veterans hospital, said growth at the clinic has been tremendous.

The "old" clinic was created in 2008. However, it has quickly been outgrown, Havens said.

"We've been adding on positions the entire time," Havens said. "For us, we think that's a good sign. This is health care that these guys are entitled to."

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4.3 - Manchester Ink Link: [Alfred Montoya appointed Manchester VA Medical Center Director](#) (24 February, Kristin Pressley; Manchester, NH)

The U.S. Department of Veterans Affairs (VA) announced on Feb. 23 the appointment of U.S. Air Force Veteran, Alfred Montoya Jr., MHA, VHA-CM as director at the Manchester VA Medical Center.

Montoya has served as the acting director at Manchester VA Medical Center since July of 2017 after an organizational crisis brought him to the facility. His leadership immediately improved care for New Hampshire Veterans, and his response advanced unprecedented community collaboration, innovation and opportunity.

Before arriving at Manchester, Montoya served as Medical Center Director at the White River Junction VA Medical Center. His proven leadership was applied at the Manchester VA with a focus on partnerships. "My work has been to bring people together to realize all that is possible for Veterans," said Montoya. "I am excited to continue this work, deepen relationships, and enhance collaboration across medical centers in Vermont and New Hampshire. In the last eight months, and with the dedicated staff at Manchester VA, we have made unprecedented change together, and I am humbled and honored to be appointed to be a permanent part of the team."

At the Manchester VA, Montoya will oversee a comprehensive healthcare system classified as a Complexity Level 3 facility that provides care to approximately 33,000 New Hampshire Veterans, with an operating budget of \$141+ million.

"The White River Junction VA Medical Center is grateful for the exceptional work Mr. Montoya accomplished during his time here," said Matthew Mulcahy, acting director, White River Junction VAMC. "It has been my pleasure to have had a chance to serve on Al's leadership team, and I look forward to continuing to strengthening our collaboration with Manchester VA, and offering the best care for our Veterans."

Montoya shared his appreciation with the staff at White River Junction.

"Words cannot express how appreciative I am of each and every one of you and what you do for our Veterans. I am grateful for the time I was able to spend in White River Junction, and I am grateful to continue my mission of caring for our nations heroes," Montoya said.

Manchester VA Medical Center is part of the VA New England Healthcare System which includes eight medical centers, located in the six New England States: Vermont, New Hampshire, Maine, Connecticut, Rhode Island, and Massachusetts. It is an integral part of VISN 1, headquartered in Bedford, Mass. Manchester VA Medical Center is comprised of one main campus located in Manchester, N.H. and four Community Based Outpatient Clinics (CBOCs) located in Conway, Portsmouth, Somersworth, and Tilton. The Portsmouth outpatient clinic is located at Pease Air National Guard Base.

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4.4 - East Las Vegas: [VA Secretary David Shulkin Goes Heavy On The Perks](#) (24 February; Las Vegas, NV)

There was an article in the Wednesday Review-Journal regarding VA Secretary David Shulkin. He stated he had no intention of quitting despite findings of travel abuses connected to a trip to Europe.

It also stated that he issued a warning to VA staffers rebelling against him: Get back in line or get out.

Veterans have been lied to for years by the VA. Now we have a secretary who it appears has no trouble lying to get more perks for himself and his family.

I feel that veterans who have put their lives on the line defending this country need a VA secretary who works for veterans, not embarks upon his own agenda. We don't need a person with a big ego. We need a veterans advocate.

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8. [Other](#)

8.1 – FOX News (VIDEO): [Could veterans be Democrats' secret midterm weapon?](#) (24 February, Joseph Weber, 32.5M uvm; New York, NY)

Washington Democrats and their supporters have recruited and backed dozens of military veterans to run in this year's elections -- even sending some into deep-red districts to challenge

the Republican Party for the so-called “guns-and-God” vote and to achieve the party’s ultimate mission of taking control of the House.

“Veterans are especially appealing candidates in key swing districts,” Massachusetts Democratic Rep. Seth Moulton, who served four tours in Iraq and has been leading such efforts, told Fox News. “Veterans have credibility, not just with Democrats, but with independents and Republicans, as well. They’re the kind of people respected for their leadership, not just their politics.”

Moulton has endorsed 19 military veterans in this year’s House races and plans to back a total of 24 -- the exact number of seats Democrats must win to retake control of the House, with primary races starting in just a few months.

Republicans have, at least in elections in the past several decades, largely won the military vote, including the 2016 White House race in which Republican Donald Trump took 60 percent of the vote, according to exit polls.

However, Democrats see opportunity this year in what they consider the president’s lack of respect for the military -- including his offhanded remark about Arizona GOP Sen. John McCain being captured in Vietnam and the Trump’s public spat with a Gold Star military family.

Moulton, a first-term congressman and Harvard graduate, has at times been critical of Trump, even calling him “draft dodger.” (Trump received a series of student deferments while in college and a medical deferment after graduation, according to Selective Service records.)

But he’s also been outspoken about Washington Democrats and their continued anti-Trump platform, instead touting a pro-jobs message and cultivating what he calls “the next generation of Democrats,” including military veterans.

VoteVets.org, a liberal-leaning political action committee, is backing 36 Democratic military veterans in this year’s congressional races -- three sitting senators and 33 House incumbents or challengers.

The group was founded in 2006 to help veterans of the Iraq and Afghanistan wars, and who were opposed to the Iraq War, get elected to Congress.

Four of the group’s roughly 46 veteran candidates that year won their congressional race, enough to help Democrats retake the House.

But the group has higher expectations this year, largely because of the “tremendous amount of anti-Trump sentiment” and Democrats being “shut out of everything” from the White House to Congress to statehouses across the country, says Jon Soltz, VoteVets chairman and co-founder.

He also maintains that 2018 candidates are in a better position to win than those in previous years -- considering what they’ve done since leaving the military, and because they have a more solid “infrastructure” of successful Democratic veterans in Congress.

Among the names he mentioned were Moulton, Hawaii Rep. Tulsi Gabbard and Illinois Sen. Tammy Duckworth, who in fact lost in 2006, when she first ran for a House seat.

“There’s big difference now,” said Soltz, who points to candidates like Christina Houlahan, a former Air Force officer and nonprofit CEO with degrees from Stanford, the Massachusetts Institute of Technology and the University of Pennsylvania.

“There’s a broader definition of service,” Soltz continued. “Candidates are much more professional.”

Houlahan is running in the Democratic primary in Pennsylvania's 6th Congressional District, a suburban Philadelphia seat occupied by GOP incumbent Rep. Ryan Costello. He won re-election in 2016 by 14 percentage points. But Trump and Democratic presidential nominee Hillary Clinton essentially tied in the district.

Still, Democrats' efforts to run top-tier veteran candidates to help win back white middle-class voters who went for Trump will be stiff challenge.

The two-year budget deal recently passed by Congress had bipartisan support but was led by Republicans in the GOP-controlled Congress who successfully argued the increased spending in the \$400 billion agreement was needed to keep the U.S. military from deteriorating under austere spending caps.

“Our government has no higher responsibility than to support our men and women who are in harm’s way,” House Speaker Paul Ryan, R-Wis., said about the measure, which raised the cap on military spending by roughly \$160 billion.

In addition, the tax cuts signed last year by Trump, after being passed in Congress without a single Democratic vote, is also presenting a challenge to Democrats, who once appeared poised to have a wave election.

Two recent polls show Democrats losing double-digits leads in so-called “generic” polls that ask potential voters which party they prefer in congressional races, even though history shows the party that doesn’t control the White House historically picks up about 30 seats in a midterm.

The Republican National Committee and the National Republican Congressional Committee, whose mission is to help Republicans get elected and reelected to the House, did not respond to requests for comment for this story.

The Democratic Congressional Campaign Committee, the NRCC’s counterpart, told Fox News on Friday that it has more than 40 military veteran candidates in midterm races.

“We’re excited by the incredible candidates with records of service to their nation that have stepped up to run for office this cycle,” said DCCC spokesman Tyler Law. “There’s no doubt that veterans have unique qualifications and experiences that give them important credibility with Democrats, Independents, and Republican voters alike.”

The first real test could come in just a few weeks -- in western Pennsylvania where Democratic nominee Conor Lamb, a federal prosecutor and ex-Marine with an Ivy League law degree, is competing for an open seat against Republican nominee Rick Saccone, a state lawmaker and Air Force veteran.

Trump won the district by nearly 20 points. Lamb is keeping the race close, trailing by about 3 percentage points with voting for the special election on March 13.

Lamb continues to argue that the tax cuts are more of a gift to corporations than to the middle class and that they could have been enacted without increasing the federal debt.

The 33-year-old candidate has also tried to distance himself from the Washington establishment, particularly House Minority Leader Nancy Pelosi, who has said the employee bonuses related to the tax cuts amount to “crumbs.”

Meanwhile, Washington Republicans and their political action groups are reportedly spending millions on TV and digital ads to protect the seat.

“Everyone (except Lamb) must be seeing the latest round of polling that shows public support way up for the Republican tax cuts,” the RNC said last week.

In addition, Vice President Pence has stumped in the district for Saccone, and Trump plans to visit before Election Day.

The DCCC seems noncommittal about whether it will continue to put money into the race.

“We’ll continue to monitor that election day by day,” group chairman Rep. Ben Ray Lujan recently said. “But make no mistake, Conor will have the resources he needs to compete.”

Still, his statement is not being viewed as a sign of defeat.

Moulton and others last summer blasted establishment Democrats for investing so much in their failed effort to win a special election congressional race in the Atlanta suburbs, which likely has them trying to avoid the same mistake, as outside groups continue to help Lamb.

Among the other highly touted Democratic military veteran candidates this year are Navy veteran Gil Cisneros, running for the House seat in Southern California now left open by retiring GOP Rep. Ed Royce, and Mikie Sherrill, a Naval Academy graduate and former helicopter pilot competing for the House seat left open by retiring GOP Rep. Rodney Frelinghuysen, chairman of the House Appropriations Committee

“She just scared him out the race because she’s just an incredible leader,” Moulton recent said on NBC’s “Late Night with Seth Meyers.”

At the beginning of the 115th Congress, 102 members were either serving or had served in the military. That number was one more than at the beginning of the 114th Congress but six fewer than at the beginning of the 113th Congress. The House has 79 veterans and the Senate has 19, according to information from the Congressional Research Service to Fox News.

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8.2 – Holy City Sinner: [Trident VA Outpatient Clinic Hosts Veteran Health Fair](#) (24 February, Charleston, SC)

On Wednesday, February 28th, the Ralph H. Johnson VA Medical Center’s Trident VA Outpatient Clinic will host their inaugural Veteran Health Fair from 9 am to 1 pm at the clinic located at 9237 University Blvd., North Charleston.

Informational booths provided at the health fair will include the following VA services: Eligibility and Enrollment, Mental Health, Suicide Prevention, MOVE! Dietitians, Pharmacy, Transition & Care Management, Patient Advocates, Charleston Vet Center, the Minority Veteran Program, and MyHealtheVet. Community organizations like Project Healing Waters Fly Fishing and the Department of Natural Resources will also be in attendance. VA nurses will be providing on-site blood pressure checks and flu shots.

“We see this as a great opportunity to integrate the community and our VA clinic,” said Jamie Robinson, Trident VA Outpatient Clinic LPN and one of the organizers of the health fair. “We want to let Veterans know what is available to them and give them the opportunity to enroll if they haven’t yet. Our clinic serves about 10,000 Lowcountry Veterans, but we know there are more in the area we can help.”

This event is open to all Veterans and on-site parking is available.

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8.3 – Lawton Constitution: [Local Woman Charged With Stealing Mailed Prescription Painkillers](#) (24 February, Vicky Smith, 47.6k uvm; Lawton, OK)

A former employee of a local delivery service is alleged to have stolen a package of prescription medication addressed from the Veterans Administration.

Lawton resident Regina E. Gossett, 37, is charged with two felonies: larceny of hydrocodone, tramadol and phenobarbital and possession of hydrocodone with intent to distribute.

According to an affidavit, a security officer for the delivery service told Lawton Police Sgt. Jessie Martinez that Gossett, who was an employee at the time of the crime, was caught on surveillance video taking the package. During an interview, she allegedly admitted to Martinez that she stole the package around 6:15 p.m. on Valentine's Day. It was later discovered that the package contained prescription medication.

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From:

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Subject: [EXTERNAL] 24 February Veterans Affairs Media Summary and News Clips

Date: Sat Feb 24 2018 04:15:13 CST

Attachments: 180224_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

24 February 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Homeless Veterans Could Get New Homes in Idaho](#)

(23 February, 24M uvm; Washington, DC)

Homeless veterans could get housing and access to health care and other services under a proposal from housing Idaho agencies and local officials. Idaho Housing and Finance Association President Gerald Hunter told the Idaho Statesman that his organization is currently accepting proposals from developers on the project and hopes to break ground late next year.

[Hyperlink to Above](#)

1.2 - Portland Press Herald: [Veterans' lawsuit against Togus VA hospital can move ahead, judge rules](#)

(23 February, Edward D. Murphy, 2.1M uvm; Portland, ME)

A lawsuit alleging mistreatment of veterans' ankle and foot problems at the Veterans Affairs hospital in Togus can go forward, a federal judge ruled Friday. The ruling by U.S. District Judge Jon Levy will allow suits for five of the six vets to move ahead after Levy had dismissed the cases two years ago, ruling that a statute of limitations had expired before the suits had been filed.

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1.3 - Stars and Stripes: [Congressman on VA caregiver benefits: 'We can do this right'](#)

(23 February, Nikki Wentling, 1.5M uvm; Washington, DC)

Congress is now working on a way to give more help to caregivers of veterans injured before the 9/11 terrorist attacks. It took seven years of pressure from advocates to get to this point. Groups pushing lawmakers to end what they call an unfair discrepancy between veterans injured before and after 9/11 contend negotiations – stalled for years because of the high cost of expanding benefits to more families – are coming to a critical point.

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1.4 - Government Executive: [Senators Try Yet Again to Crack Down on VA's Senior Executives](#)

(23 February, Eric Katz, 870k uvm; Washington, DC)

In 2014, the top career executives at the Veterans Affairs Department faced a new process to expedite their removal under a measure signed into law by President Obama. Last year, President Trump signed a new law replacing that authority and again creating a separate, faster track for VA to fire Senior Executive Service employees. In between, SESers faced restrictions on their bonuses.

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1.5 - WUSF (NPR-89.7, Audio, Video): [Bay Pines VA Helping Military Sexual Trauma Survivors](#)

(23 February, Bobbie O'Brien, 197k uvm; Tampa, FL)

The Department of Defense estimates 14,900 service members experienced some kind of sexual assault in 2016 - its most recent report. But because of the stigma - many wait decades before they get help - usually from the VA. So it's no surprise, the average age is 45 for women and 50 for men for veterans entering the Bay Pines VA Center for Sexual Trauma Services in St. Petersburg.

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2. Greater Choice for Veterans

2.1 - WFED (AM-1500): [VA privatization ‘is a very real issue right now,’ American Legion says](#) (23 February, Nicole Ogrysko, 831k uvm; Washington, DC)

Recent reports of internal squabbles between top leaders at the Veterans Affairs Department and White House appointees have the nation’s largest veterans service organization actively reinforcing its message about the Veterans Choice Program.

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2.2 - Modern Healthcare: [Senate agrees to White House tweaks to accountability in VA Choice reforms](#) (22 February, Susannah Luthi, 460k uvm; Chicago, IL)

A VA Choice program change that would require VA facilities to meet certain standards to qualify as preferred treatment centers has been negotiated as part of bipartisan Senate legislation after months of work by the Trump administration, a key senator and even the Koch brothers.

[Hyperlink to Above](#)

2.3 - The Greeneville Sun: [Investing In America’s Veterans](#) (23 February, Rep. Phil Roe (R-Tenn.), 71k uvm; Greeneville, TN)

One of the greatest privileges I’ve had since coming to Congress is chairing the House Committee on Veterans’ Affairs. Over the last year, we’ve made great strides toward reforming the U.S. Department of Veterans Affairs, but there is still hard work ahead.

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3. Modernize Our System

3.1 - WIS (NBC-10, Video): [Dorn VA Medical Center to soon get more parking](#) (23 February, Jenna Cisneros, 859k uvm; Columbia, SC)

The Dorn Veterans Affairs Medical Center will be adding more parking spaces for the hospital. An 80-million dollar package aimed at improving the center begins with their first project of adding a new, three and a half story parking garage that will add an additional 278 parking spaces.

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3.2 - WFED (AM-1500, The Coalition for Government Procurement): [The real best value of raising the MPT and SAT](#) (23 February, Roger Waldron, 831k uvm; Washington, DC)

As you know, the FY18 National Defense Authorization Act raised the micro-purchase threshold (MPT) for civilian agencies to \$10,000 (the MPT remains at \$5,000 for DoD) and raised the simplified acquisition threshold (SAT) for all agencies to \$250,000. While much of the acquisition “buzz” around last year’s NDAA focused on Section 846 and e-Commerce, raising the MPT and the SAT will have an immediate and significant impact in streamlining acquisition operations and supporting agency mission needs.

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3.3 - Health Data Management: [VA, DeepMind partner to find risk factors of patient deterioration](#) (23 February, Greg Slabodkin, 143k uvm; Chicago, IL)

The Department of Veterans Affairs has partnered with artificial intelligence vendor DeepMind to develop machine learning algorithms that accurately identify risk factors that could lead to the deterioration of hospitalized patients, enabling clinicians to intervene before their conditions worsen.

[Hyperlink to Above](#)

3.4 - News Tribune: [Officials break ground on new, improved VA clinic](#) (24 February, Joe Gamm, 64k uvm; Jefferson City, MO)

Veterans' need for outpatient services in rural Missouri continues to grow, and the Department of Veterans Affairs is stepping in to help. About 60 people gathered Friday afternoon for a groundbreaking ceremony for an expanded Community-Based Outpatient Clinic at 3430 W. Edgewood Drive in Jefferson City.

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3.5 - Healthcare Analytics News: [VA Plans to Use AI to Track Deteriorating Health in Veterans](#) (23 February, Ryan Black, 17k uvm; Cranbury, NJ)

Under Secretary David Shulkin, MD, the Department of Veterans' Affairs (VA) has made a conscious effort to become more tech-savvy. This week, it took another step in that direction by announcing a partnership with Google-owned machine learning and artificial intelligence (AI) firm DeepMind.

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3.6 - KSJD (NPR-91.5, Audio): [A New Veterans Outreach Center Building In Cortez](#) (23 February, Tom Yoder, 400 uvd; Cortez, CO)

In this episode of KSJD's monthly Veteran's Affairs program, Tom Yoder talks with Darla Sanders, Director of the Cortez Veterans Public Outreach Center, about the recent relocation of the center, what services the center provides, and how the new location will better serve area vets.

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4. [Focus Resources More Efficiently](#)

4.1 - The Hill: [Veterans Health Administration needs stronger recruitment methods](#) (23 February, Suzanne Gordon, 11.8M uvm; Washington, DC)

Two hundred members of the American Federation of Government Employees, the union that represents staff at the Veterans Health Administration (VHA), recently rallied at the VA's DC headquarters.

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4.2 - National Review: [There's a Trust Crisis in Government. It Must Be Fixed](#) (23 February, Cathy McMorris Rodgers, 11.8M uvm; New York, NY)

If you were to ask Americans if they trusted the government to do the right thing, the likely answer is a big, fat No. According to Pew Research, only 3 percent of Americans say they trust that the government will do the right thing “all the time.”

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4.3 - Lowell Sun: [Reps press for hearing on Bedford VA hospital](#) (23 February, Todd Feathers, 320k uvm; Lowell, MA)

If three Massachusetts legislators get their way, there will soon be a congressional hearing on the mismanagement of the Bedford VA hospital. U.S. Reps. Niki Tsongas, Seth Moulton and Katherine Clark have called for their colleagues on the House Committee on Veterans Affairs to hold a field hearing at the Edith Nourse Rogers Memorial Veterans Hospital following a rash of scandals.

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5. [Improve Timeliness of Service](#)

5.1 - Los Angeles Times: [The VA's anti-marijuana hysteria doesn't help veterans with PTSD](#) (23 February, Michael Gross and Mary Rouse, 23.9M uvm; Los Angeles, CA)

To the editor: The federal government ought to respect the wishes and sacrifices of our military veterans. ("Should veterans be allowed to use medical marijuana for post-combat stress? The Trump administration says no," Feb. 9)

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5.2 - WFLA (NBC-8, Video): [Congressman demands answers after VA computer stops veteran's prescription for brain injury](#) (23 February, Steve Andrews, 702k uvm; Tampa, FL)

A Target 8 investigation recently revealed prescription problems at the VA hospital in Bay Pines. Tom Barr, a 70-year-old Air Force veteran was admitted to Bill Young Medical Center after he suffered a traumatic brain injury four years ago. His daughter and caregiver Brandye Jackson says he takes Methylphenidate or Ritalin to keep his brain firing at the right rate.

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5.3 - WRIC (ABC-8, Video): [One of the nation's largest veterans groups joins call to end dog testing](#) (23 February, Kerri O'Brien, 487k uvm; Richmond, VA)

American Veterans (AMVETS), one of the nation's largest veterans groups with 250,000 members, told Congress Friday they support efforts to phase out taxpayer funding for “antiquated canine research” at the Department of Veterans Affairs. In a letter, the group writes, “the drawbacks have far outweighed the benefits for quite some time.”

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6. [Suicide Prevention](#)

6.1 - The Wall Street Journal: [AI Helps Identify People at Risk for Suicide](#) (23 February, Aili McConnon, 43.5M uvm; New York, NY)

In late January, a 60-year-old woman in northern Argentina posted on Facebook : “This can’t go on. From here I say goodbye.” Within three hours, a medical team reached the woman and saved her life—thanks in part to advances in artificial intelligence. The post caught the attention of Facebook’s AI system, which is programmed to spot potential suicidal language

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6.2 - UVA Today: [Student Team Hacking Into Problem Of Veteran Suicide](#) (23 February, Fariss Samarrai, 2.4M uvm; Charlottesville, VA)

Veteran suicide is a pressing national issue in the United States. While veterans make up just under 9 percent of the U.S. population, they account for more than 18 percent of all suicides. To help address the issue, the Northern Virginia Technology Council is sponsoring a University Challenge “hackathon” Wednesday in McLean at its Capital Data Summit, to present ways that big data analysis can be used to address a serious national challenge.

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[7. Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Buffalo News: [Editorial: Build the cemetery](#) (24 February, Editorial Board, 1.5M uvm; Buffalo, NY)

One of the last and possibly most important ways to show veterans who honorably served this country respect is to give them a fitting final resting place. For far too long, such a place did not exist within range of Western New York. The omission was glaring for families who had to drive far out of their way to Bath, about 100 miles southeast of Buffalo.

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7.2 - WLTX (CBS-19, Video): [Homeless Veteran Receives Proper Funeral From Community](#) (23 February, Nic Jones, 833k uvm; Columbia, SC)

A veteran who was homeless passed away in a Lexington County park was honored Friday with a proper funeral held by members of the community. It’s never easy to say goodbye. It’s even harder when the people who have passed on seem forgotten. As motorcycles poured into Fort Jackson National Cemetery, emotions began to rise thinking about the three previously unclaimed veterans.

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7.3 - WFED (AM-1500, Audio): [Veterans Employment initiative: What’s working, what’s not, and how to move forward](#) (23 February, David Thorton, 831k uvm; Washington, DC)

Experts have declared the Veterans Employment initiative a success in terms of bringing veterans into federal employment. But now the program is stalling, and those experts say it’s time to shift focus away from broad hiring initiatives, and toward more concentrated efforts to boost their distribution through more diverse agencies, and increase retention and engagement.

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7.4 - Times-Herald: [National Cemetery Administration: We’re here for our veterans](#) (23 February, 104k uvm; Vallejo, CA)

Responding to the Times-Herald article, "Petition to get federal government to own the Mare Island Cemetery now circulating," published on Feb. 13: The Mare Island Cemetery was transferred from the Department of the Navy to the City of Vallejo in 1996 and has never been under the jurisdiction of the Department of Veterans Affairs National Cemetery Administration (NCA).

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7.5 - Elko Daily Free Press: [Heller to propose VA cemetery in Elko](#) (23 February, Suzanne Featherston, 92k uvm; Elko, NV)

If a veteran living in Elko wants to be buried in a VA national cemetery, the only in-state options are in Boulder City and Fernley. Sen. Dean Heller hopes to change that by passing a bill through Congress to establish a VA national cemetery in Elko, and he asked for support from the Elko County Board of Commissioners.

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7.6 - Gainesville Daily Register: [Providing homeless veterans with housing works](#) (23 February, Thomas Wisnieski, 37k uvm; Gainesville, TX)

Recently our team from the North Florida/South Georgia Veterans Health System had the opportunity to join our community partners in Gainesville for the annual point-in-time count. The entire senior leadership team, the associate chief of staff for mental health, homeless program leaders and front-line staff joined the effort at 5:30 a.m. with a goal of counting our local homeless population and connecting them to services to end their homelessness.

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8. [Other](#)

8.1 - Arkansas Democrat-Gazette: [Lawsuit against VA dismissed. Business owner challenged notice about federal contracts](#) (23 February, Linda Satter, 865k uvm; Little Rock, AR)

A federal judge on Thursday threw out a lawsuit filed earlier this month by Ross Alan Hope and his business, Powers of Arkansas, challenging a recent notice that the U.S. Department of Veterans Affairs is considering "debarring" the business from continuing to bid on federal contracts.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Homeless Veterans Could Get New Homes in Idaho](#) (23 February, 24M uvm; Washington, DC)

BOISE, Idaho (AP) — Homeless veterans could get housing and access to health care and other services under a proposal from housing Idaho agencies and local officials.

Idaho Housing and Finance Association President Gerald Hunter told the Idaho Statesman that his organization is currently accepting proposals from developers on the project and hopes to break ground late next year. The building, which would be the state's first permanent supportive housing for chronically homeless veterans, is expected to be complete by the end of 2020.

Hunter said the housing project could end up anywhere in Idaho, depending on the proposals that are submitted. But Boise city officials are already working on a funding plan, hoping the project will be built there.

The Idaho Housing and Finance Association plans to cover about \$3.6 million of the project's estimated \$5 million cost by selling federal tax credits the IRS uses to promote low-income housing. Investors, many of them banks, buy them with cash and recover their money over time.

Mayor Dave Bieter said the city of Boise would contribute \$500,000, with half coming from its own coffers and half from federal housing-assistance money it administers on behalf of the U.S. Department of Housing and Urban Development. Bieter said he was confident the city council would fund the project. Private donations of about \$1 million would cover the rest of the cost under a fundraising effort Bieter said his office would spearhead.

The U.S. Department of Veterans Affairs, which operates the Boise VA Medical Center, would pay for supportive services under the plan.

"All those resources are really significant in their effort to put a project in Boise," Idaho Housing and Finance Association President Gerald Hunter said.

Veterans make up about 14 percent of Ada County's homeless population, according to the most recent estimates.

Deanna Watson, executive director of the Boise City/Ada County Housing Authority, said her agency provides close to 200 federally funded vouchers that help veterans pay rent. Still, at any given time about 25 veterans who have those vouchers can't find a place to live because the housing market is tight and many landlords give preference to tenants who don't need public assistance.

A stable home would help homeless veterans, especially those recently discharged from the military who are at risk of falling in with a chaotic, drug- and alcohol-abusing crowd, said Raymond Simmons, a 62-year-old former U.S. Army paratrooper who has been homeless in Boise for most of the last six years.

"It really is hard on them," Simmons said. "They're looking for an escape from what they were in, and they're just getting to a place where it's just as bad, truly. There isn't maybe gunfire or anything like that, but you have fights all the time out here."

Simmons said he'd probably turn down an offer of a free apartment because he wouldn't want to take it from someone else.

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1.2 - Portland Press Herald: [Veterans' lawsuit against Togus VA hospital can move ahead, judge rules](#) (23 February, Edward D. Murphy, 2.1M uvm; Portland, ME)

A lawsuit alleging mistreatment of veterans' ankle and foot problems at the Veterans Affairs hospital in Togus can go forward, a federal judge ruled Friday.

The ruling by U.S. District Judge Jon Levy will allow suits for five of the six vets to move ahead after Levy had dismissed the cases two years ago, ruling that a statute of limitations had expired before the suits had been filed.

The vets claimed that the poor treatment they were given by a podiatrist at Togus left them with severe pain that limited their ability to walk. In one case, other VA doctors amputated one veteran's leg, concluding that was the only way to relieve her pain after two surgeries were unsuccessful.

The VA eventually reviewed the cases handled by the podiatrist and called in dozens of veterans to tell them that their ailments had been handled badly and discuss how to move forward.

The six veterans filed their suits against the VA shortly after that disclosure, but in the previous ruling, Levy said they had failed to file them within three years of the treatment that caused their problems. However, in that ruling, he allowed the veterans to pursue an argument that the mistreatment had been "fraudulently concealed" from them.

He held oral arguments on the concealment issue in October.

In his ruling Friday, Levy essentially found that the issue of fraudulent concealment and the basic complaints in the cases are "inextricably intertwined," could not be decided separately and that the six-year statute of limitations in case of fraudulent concealment applied. All the suits were filed within a year or two of the meetings with VA officials in which the veterans learned of the alleged mistreatment.

"It's very good news. I'm ecstatic to hear it," said April Wood, the veteran whose leg was amputated after the failed surgeries.

Wood, who has moved from Maine to Missouri, shattered her ankle during a fall while in basic training in 2004. After the first surgery, in which a metal plate and eight screws were inserted in her ankle, the podiatrist, Dr. Thomas Franchini, told her she had "mushy bones." He operated a second time, inserting more screws. Other VA doctors later removed Franchini's hardware and inserted a piece of bone from a cadaver and more screws. Finally, in 2012, doctors determined

the only way Wood would get relief from the pain was an amputation and, a year later, VA officials at Togus called her in to tell her that her care had been substandard.

The other vets had similar tales, although none of the others involved amputations.

One of the suits, by Andy Korsiak of Troy, was essentially dismissed by Levy Friday because Korsiak wasn't treated by Franchini following his surgery in 2007.

Korsiak's lawyer, Celine Boyle, said she would review her options to see if there was some way to revive that case. Boyle also represents two other veterans whose suits will now go forward.

Franchini has sued the Portland Press Herald, three other publications and four reporters, alleging stories on the lawsuits and allegations against him and the VA libeled him.

Andrew Lizotte, the lead U.S. Attorney defending the federal government in the case, declined comment.

In a separate order issued Friday, a trial start date of May 8 was set, although that could be changed as the cases move forward.

David Lipman, Wood's lawyer, said he was happy with the ruling.

"It's a good step forward because we can go to trial on the case and it's a very complex case," he said.

Boyle, too, said she was happy with the ruling, although disappointed that one of her clients might not get a day in court.

"I'm happy to be walking this road with these veterans," she said.

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1.3 - Stars and Stripes: [Congressman on VA caregiver benefits: 'We can do this right'](#) (23 February, Nikki Wentling, 1.5M uvm; Washington, DC)

Congress is now working on a way to give more help to caregivers of veterans injured before the 9/11 terrorist attacks. It took seven years of pressure from advocates to get to this point.

Groups pushing lawmakers to end what they call an unfair discrepancy between veterans injured before and after 9/11 contend negotiations – stalled for years because of the high cost of expanding benefits to more families – are coming to a critical point.

"Everybody is talking about how to do this, rather than questioning whether we should," said Adrian Atizado, deputy national legislative director with Disabled American Veterans.

In 2010, Congress created the VA caregiver program for veterans who sustained serious injuries after 9/11. Approximately 26,000 caregivers who are enrolled in the program receive monthly stipends, as well as other benefits, such as medical training, counseling and respite care.

But spouses such as Jason Courneen – who has been caring for his wife for two decades – don't meet the criteria for assistance. Alexis Courneen suffered a traumatic brain injury while serving in the Coast Guard in 1998. Jason Courneen said he felt "isolated" and had to learn by himself the skills necessary to be a caregiver.

"That really needs to change," he said last year on Capitol Hill.

Major veterans organizations – such as Disabled American Veterans, Elizabeth Dole Foundation and the American Legion – have been fighting to expand benefits to all veteran caregivers. In December, a handful of groups presented lawmakers with a printed petition containing 182,000 signatures of people supportive of the expansion.

Now, there's opportunity to reach a compromise.

So far, the Senate and VA have proposed different ideas of how to expand caregiver benefits without escalating costs.

And Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs, is working on his own legislation to expand the program, using input from the VA. The next step is a roundtable discussion on the legislation scheduled for March 6 with House and Senate lawmakers.

"I do see a pathway forward where we can do this right and get this done," Roe said Feb. 6 during a congressional hearing. "Getting it done this year would be my goal."

The Senate's version is included in a larger VA reform bill that's been stalled since November. Instead of opening up the program to everyone at once, the measure would first make benefits available to veterans injured before May 7, 1975 – with the intent to immediately get help to all caregivers of Vietnam War-era veterans. Two years later, veterans between 1975 and 2001 would be eligible.

The Congressional Budget Office estimated the measure would cost \$3.4 billion over five years to implement. Officials with President Donald Trump's administration told Congress last month that the White House couldn't support the expansion because of fiscal restraints.

VA Secretary David Shulkin explained another option to lawmakers earlier this month. He proposed limiting eligibility for the caregivers program to the most severely injured and ill veterans in order to expand it to veterans of all eras without inflating costs. Under his plan, eligibility would be restricted to veterans with the highest clinical need, who require help with at least three activities of daily living, such as eating, bathing and dressing.

The 26,000 caregivers already enrolled into the program should still receive the benefit with the old rules, Shulkin said, but the new rules would apply to all new enrollees.

If the program were expanded with the current eligibility rules, the VA would enroll 188,000 caregivers in the next 10 years, the VA estimated. With proposed restrictions, the number of caregivers receiving assistance would grow to only 40,000 in the next 10 years. The agency predicted it would avoid about \$2.5 billion in implementation costs.

Atizado said Disabled American Veterans would support any proposal that allows more caregivers to receive assistance, but added the group would continue fighting until help is available to all veteran caregivers who need it.

"We're open to any proposal that will get caregivers the support they need today," Atizado said. "This is not what we believe is the complete and full solution, which is that everyone should be eligible. But we've been trying that approach for seven years. This gradual approach seems more reasonable to members in Congress, and we've been garnering more support and progress than we ever have."

After the roundtable March 6, Roe plans to hold a public hearing on his legislation and have the House committee vote on whether to advance it to the full House.

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1.4 - Government Executive: [Senators Try Yet Again to Crack Down on VA's Senior Executives](#) (23 February, Eric Katz, 870k uvm; Washington, DC)

In 2014, the top career executives at the Veterans Affairs Department faced a new process to expedite their removal under a measure signed into law by President Obama. Last year, President Trump signed a new law replacing that authority and again creating a separate, faster track for VA to fire Senior Executive Service employees. In between, SESers faced restrictions on their bonuses.

Now, a bipartisan pair of senators is taking one more crack at boosting oversight of VA's highest-ranked civil servants.

Sens. Thom Tillis, R-N.C., and Angus King, I-Maine, introduced earlier this month the VA Senior Executive Accountability Act (S. 2382) to provide additional transparency for SES reassignments. The benefits of the measure would be twofold, the lawmakers said, as it would help eliminate executives who use reassignments for personal gains and prevent the department from moving managers around rather than disciplining them.

The senators said they are concerned about the Appraised Value Offer Program, which VA uses to recruit and relocate employees for mission critical positions. The program is run by a private company that contracts with the General Services Administration to help employees who are relocating to find a purchaser for their old home. The company will buy it outright for a fair market price if a third-party buyer is not identified quickly enough.

An inspector general report in 2015 found VA's senior executives were improperly taking advantage of the program and other relocation incentives for their own financial gains. Diana Rubens, senior executive director of the Veterans Benefits Administration's Philadelphia office, was accused of abusing her authority to secure a transfer from Washington, D.C., to her current position, along with nearly \$310,000 in relocation costs, including more than \$200,000 through AVO. The IG report led to VA suspending the AVO program, but the department reinstated it in November 2016.

"Unfortunately, there have been several instances in recent years where VA executives have fallen short of their duties to the vets they were meant to serve," King said.

A Government Accountability Office report released last year said VA has taken steps to tighten its internal controls over its use of the program, but found the department does not adequately track the program's usage in order to better inform future decision-making on its deployment.

The reauthorization of the program was done "quietly" and with no "implementation policy to avoid abuse," according a report on a companion to the Senate bill in the House, where it has already passed unanimously. The measure would require the VA secretary to approve all SES reassignments "to ensure that such moves are justified and are in the best interest of the department, veterans and taxpayers." VA would also report to Congress semiannually to update it on all senior executives who were reassigned and the associated costs.

In addition to shining a light on potential abuses in spending, lawmakers said the increased scrutiny would inhibit VA leaders from transferring SES employees to different positions rather than taking them through the disciplinary process.

"Senior VA executives should not be using their positions for personal gain nor should the VA be using reassignments in place of disciplinary action or firing senior executives who have acted improperly," Tillis said. "The VA Senior Executive Accountability Act is a bipartisan effort to address these problems by improving transparency and accountability within the VA and ensuring our veterans are being provided the best people to give them the care they need and deserve."

A markup for the bill in the Senate Veterans' Affairs Committee was postponed and has not yet been rescheduled.

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1.5 - WUSF (NPR-89.7, Audio, Video): [Bay Pines VA Helping Military Sexual Trauma Survivors](#) (23 February, Bobbie O'Brien, 197k uvm; Tampa, FL)

The Department of Defense estimates 14,900 service members experienced some kind of sexual assault in 2016 - its most recent report. But because of the stigma - many wait decades before they get help - usually from the VA.

So it's no surprise, the average age is 45 for women and 50 for men for veterans entering the Bay Pines VA Center for Sexual Trauma Services in St. Petersburg.

The delay seeking treatment is in part due to the increased level of power and control associated with military sexual trauma said Jessica Keith, a clinical psychologist and manager of the Bay Pines sexual trauma center.

"The perpetrators are often someone in the command line, someone with power. And power not only to ruin someone's career, to impact their standing in the military," Keith said. "We also have to remember these are people with weapons who are trained to use them. So, it can be terrifying when you're sexually traumatized in the military."

And there's added pressure on young recruits because reporting a sexual assault or continued sexual harassment of a fellow service member could be considered a betrayal.

"If they're in your unit, you're told that these are your brothers and sisters, this is your family, that they're supposed to have your back," said Keith. "So, what does it mean when someone is supposed to have your back is the same person who sexually assaults you? It really increases the severity of the trauma on that person."

The Bay Pines program for military sexual trauma survivors takes on those severe cases.

Survivor Jacque Thorington, 53, is an Army veteran and said she felt betrayed and ashamed when a military superior assaulted her decades ago. But she covered up her symptoms using alcohol and prescription drugs.

When she finally went to the VA for help, the outpatient treatment wasn't frequent enough and it required a five-hour, round-trip commute from her home in New Mexico.

"I needed specialized care. And I knew that things were really going wrong," said Thorington who entered the Bay Pines residential program in January. "I was very depressed. I was suicidal. I couldn't function at work anymore. I really thought that my world was done, that I, I was going to kill myself."

In the intense Bay Pines program, she meets with a therapist twice a week for prolonged exposure therapy - where she retells the story of her assault over and over until the strong fear associated with the memory decreases.

Seven days a week, she's in a group session with the other 15 women and men in the program. They often go on field trips to be exposed to "real life" situations like a crowded mall. That's helping Thorington, who said she hadn't left her bedroom for months prior to arriving at Bay Pines.

After just a few weeks, Thorington said she's noted a big difference and is looking forward to enjoying the rest of her life, "and not be looking over my shoulder anymore."

The Bay Pines program is designed to reintegrate veterans back into their community, their work and their personal relationships.

When Army veteran Gail Bethel, 54, entered the program last winter, what she wanted most was a better relationship with her daughter.

Bethel said she became pregnant after being raped on base by an unknown assailant in the early 1980s. It took more than 30 years before she got treatment and graduated from Bay Pines earlier this year.

Her proudest moment came New Year's Eve when her daughter called her 'Mom' for the first time during a phone call, "because she never called me Mom before. She used to call me by my name, or lady. Now she calls me mom."

New Year's also marked another victory for Bethel, who Keith called a "role model" for the program.

"We have a motto we borrowed from Gandhi, 'Be the change you want to see in the world,'" Keith said. "She (Bethel) took it upon herself to organize events for all the veterans here. She

organized a New Year's Eve party for them all. She kept planning events. Part of her recovery is building that community and she actively sought that out."

Bay Pines treats about 100 veterans a year in the residential program and another 400 as outpatients for military sexual trauma.

Psychiatrist Dr. Alfonso Carreno, chief of Bay Pines Mental Health and Behavioral Sciences, said he's seen veterans become more open about sexual trauma during his 17 years there.

"So now, we have more males coming forward that are being assessed for military sexual trauma which in the past it was a no-no in the military to share those experiences," Carreno said, adding that men make up about half of all the military sexual assault survivors.

Carreno said because their program is coed, veterans tend to be quicker at re-entering society which has both men and women.

Surveys of Bay Pines program graduates, according to Keith, show that 90 percent or more "have a clinically significant drop in their PTSD and depression symptoms."

Both Carreno and Keith attribute that success to letting veterans set their own goals.

"We ask them what do they want to see different in their life? For some veterans, it might be straightforward, they want fewer nightmares they want less PTSD symptoms, but others want something very different," Keith said.

Bay Pines established the first VA coed, residential program for military sexual trauma in 2000 and it remains one of only a handful in the VA system.

But every VA medical center has a military sexual trauma coordinator to assist veterans.

And the VA expanded eligibility for veterans who experienced military sexual trauma thanks to the Veterans Access, Choice and Accountability Act of 2014.

Veterans who experienced sexual assault or sexual harassment while on active-duty are eligible for free VA treatment even if they did not report the assault while in the military or lack documentation.

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2. Greater Choice for Veterans

2.1 - WFED (AM-1500): [VA privatization 'is a very real issue right now,' American Legion says](#) (23 February, Nicole Ogrysko, 831k uvm; Washington, DC)

Recent reports of internal squabbles between top leaders at the Veterans Affairs Department and White House appointees have the nation's largest veterans service organization actively reinforcing its message about the Veterans Choice Program.

The American Legion is adamantly speaking out against proposals that may move the VA's health system in the direction of privatized care.

"Privatization is a very real issue right now," Verna Jones, executive director for the American Legion, told reporters at the National Press Club Friday morning.

"This isn't something we can sit idly by and hope that it doesn't happen," she added. "We have to make sure that we're out creating programs, talking to our lawmakers to make sure that privatization doesn't happen."

If too many dollars from the VA budget go toward paying private health care providers, the Legion said it fears the department will be forced to turn away veterans seeking care from a VA medical facility.

"It's prohibitively expensive," said Lou Celli, the Legion's national veterans affairs director. "We can't see the number of veterans that VA sees on a regular basis if we're going to pay the same rates that other health care industries pay in the community. One of the things we're most concerned about is an increased contracting out, when we should be able to do that on VA campuses that will deplete the amount of money that's available to see veterans."

Though both the House and Senate Veterans Affairs Committees spent much of 2017 working with the Legion and other veterans service organizations on a variety of ideas detailing a future VA Choice program, lawmakers in both chambers punted the issue to 2018.

Many of the committees' discussions were bipartisan. The Caring for Our Veterans Act had the support of nearly all members on the Senate VA Committee. That legislation cleared the committee with a 14-1 vote.

But Congress so far this year has used a series of short-term funding extensions to keep the Choice program afloat without a new legislative alternative. And the White House has submitted its own suggestions on new legislative language to include in a bill.

Lawmakers have been unable to agree how to pay for the next iteration of the Choice program. Additional arguments over the eligibility requirements for Choice are another holdup.

The Legion, however, is holding strong on its message.

"I certainly understand that we have many veterans across the nation who live in remote areas and it's hard for them to get to a VA facility, and others may be near an over-crowded VA center that hasn't done an acceptable job of managing the wait times," American Legion Cmdr. Denise Rohan told reporters. "Choice, when it's run effectively, is an important component overall in our VA health care system. But that choice should not lead to a private system that would break the solemn promise that we as a nation have made to those who defended our freedoms."

"Our veterans put their lives on hold," Rohan added. "They put their lives on the line for the red, white and blue, not Blue Cross Blue Shield."

The Legion was one of the first of the "big six" veterans service organizations to release statements in support of VA Secretary David Shulkin, who has come under scrutiny in recent weeks after the department's inspector general faulted him for improperly mixing government work and sightseeing during a trip to Europe last summer.

“VA Secretary Shulkin has promised to resist efforts to privatize his department, and we fully support him in trying to stop the well-funded lobbying efforts from doing just that,” said Rohan, who added that she was pleased with the strides the secretary has made so far during his first year on the job.

The Legion is one of a handful of veterans service organizations who will present their legislative priorities to the House and Senate VA committees next week.

In addition to its message on Choice, the Legion will also encourage VA not to lose focus as it continues to implement a new electronic health record that’s interoperable with the Defense Department, Rohan said.

VA’s progress and success means a great deal to the Legion, Rohan said. Years of bad press at the agency has worsened morale and pride for VA’s employees.

Hospital administrators have told the Legion they’re having difficulty recruiting and retaining top talent to work at their medical centers, Rohan said.

“There is a concern that the VA hospitals are getting such bad press, that they’re having issues filling some of the staffing positions,” she said. “They’re having those issues.”

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2.2 - Modern Healthcare: [Senate agrees to White House tweaks to accountability in VA Choice reforms](#) (22 February, Susannah Luthi, 460k uvm; Chicago, IL)

Corrected story

A VA Choice program change that would require VA facilities to meet certain standards to qualify as preferred treatment centers has been negotiated as part of bipartisan Senate legislation after months of work by the Trump administration, a key senator and even the Koch brothers.

Myriad other issues remain on the table to be worked through, but this tweak is a compromise that veers from what Veterans Affairs Secretary Dr. David Shulkin publicly endorsed last month. It also has awakened concerns that the measure could accelerate privatization of the VA’s healthcare system, particularly in light of the involvement of the political action committee of Concerned Veterans for America, a not-for-profit funded by conservative mega-donors Charles and David Koch.

The proposed reforms would significantly expand the private sector’s role in VA healthcare. The patient and provider would now be able to decide whether to opt for community care, technically opening up VA Choice eligibility to all veterans. Currently, fewer than 1 million veterans receive care through the Choice program, which offers eligibility to any veteran facing wait times of 30 days or more or 40-mile travel time to a VA clinic.

In the soon-to-be-inked deal, the Senate Veterans’ Affairs Committee proposes making VA facilities responsible for meeting access standards set by the VA secretary. If a facility can’t, the patient can seek out a community provider if both patient and a VA provider or an authorized

provider in the community working closely with VA deem that a better option than a VA facility. It's a significant technical change to bipartisan legislation passed out of the Senate VA Committee in December, which originally gave the VA secretary discretion to relax restrictions to community care, but did not require through statute that a VA facility meet the secretary's so-called designated access standards.

The change came at the urging of the White House, according to documents obtained by Modern Healthcare. It also had support from Concerned Veterans for America and Sen. Jerry Moran (R-Kan.). A Senate aide confirmed that the provision would be incorporated into the final legislation.

Senate committee leaders hope to bring the legislation to Senate floor very soon for a vote of unanimous consent.

The Senate's final bill comes after months of behind-the-scenes conflict over the access standards issue.

The Senate and House committees of jurisdiction voted to advance VA Choice reforms in early December, but even then lawmakers and the administration clashed over the technicalities of granting more access to the VA Choice program while not hurting or under-using VA facilities.

Moran not only dissented against the committee legislation, he also introduced his own version—with a provision similar to the one offered by the White House.

Concerned Veterans for America, which had been campaigning to expand VA Choice for months, threw its weight behind the Moran bill.

"This bill is an important step toward stabilizing the current VA medical system and ensuring quality and timely care for our veterans," the group's executive director, Dan Caldwell, said in a statement. "This legislation would also provide more healthcare options for veterans who use the VA and ensure that veterans aren't trapped in failing VA hospitals. We strongly support this legislation and urge all senators to do the same."

The VA Choice reforms stalled in January, and President Donald Trump called out the program in his State of the Union address. The White House jump-started legislative talks again with its own list of proposals, which included the Moran provision to hold VA facilities accountable for meeting the access standards—a move also applauded by the active Concerned Veterans for America.

But tensions continued to simmer, and came to a head in a hearing last month when Moran sharply rebuked VA Secretary Shulkin, who also served under President Barack Obama, for what he called a two-faced approach to Moran's demand for a specific clause in the legislation to guarantee veterans' option to leave the VA facility if access standards weren't met.

"Our inability to reach agreement is due to your double talk," Moran said.

Shulkin called the characterization "grossly unfair" and said his stance alongside the Senate committee's original bill came from trying to do right by veterans as well as the VA while also making sure the patients can make their choice of provider "based on their clinical needs."

"I don't believe we are at a far away position here," Shulkin said, framing the debate as one of implementation.

Moran pushed back, saying that if holding facilities accountable remained a matter of the department's regulation instead of law, "nothing will change."

Ultimately, the revised provision for eligibility, which Shulkin consulted on, is a win for Moran. It follows last week's reports from the New York Times and Washington Post that detailed the inner-department turmoil at the VA. The politicking has pushed Shulkin into an increasingly difficult position, according to the reports.

The news stories, which also trace Concerned Veterans For America's involvement in the VA Choice debate, have raised hackles even among lawmakers who have worked on and supported the reform efforts in Congress.

The reports "confirm what many of us in the veterans community have long speculated: that the Koch brothers and corporate interests are at the center of an effort to take over and privatize VA to make money," the House Veterans Affairs Committee's ranking Democrat, Tim Walz of Minnesota, said in a statement last week. Walz is also a veteran. "This behavior is disturbing, represents the worst of Washington politics, and must be brought to a swift and decisive end."

Concerned Veterans for America did not respond to a request for comment about its lobbying efforts.

While the leaders of the Senate VA Committee, Sens. Johnny Isakson (R-Ga.) and Jon Tester (D-Mont.) want to bring the finished bill to the floor as soon as possible, House policymakers still haven't worked out how to pay for their parallel version, according to an aide.

House VA Committee Chair Dr. Phil Roe (R-Tenn.) told Modern Healthcare last week he hopes to conference the chambers' two bills and then they will look for a vehicle for final passage.

The next vehicle is the spending omnibus bill expected in March.

Dave McIntyre, CEO of TriWest — a third-party contractor with the Defense Department and now with VA Choice—acknowledged that the sticking points over the issue of access are difficult because no one wants the VA facilities to lapse or the government's investments to go to waste.

TriWest's business is booming with VA Choice. The company just processed its 10 millionth VA Choice claim and sees thousands of new veterans coming in each day. The western region covers 28 states and TriWest has 200,000 providers under contract within those states.

The network and size would continue growing under the new reforms.

"This is about resetting the VA for this generation and the next," McIntyre said. "This is the hardest thing we have ever been involved in."

An edited version of this story can also be found in Modern Healthcare's Feb. 26 print edition.

An earlier version of the story referred to TriWest as a division of TriCare, which is not the case. The story has also been updated to clarify VA Secretary David Shulkin's involvement in crafting the White House asks.

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2.3 - The Greeneville Sun: [Investing In America's Veterans](#) (23 February, Rep. Phil Roe (R-Tenn.), 71k uvm; Greeneville, TN)

One of the greatest privileges I've had since coming to Congress is chairing the House Committee on Veterans' Affairs. Over the last year, we've made great strides toward reforming the U.S. Department of Veterans Affairs, but there is still hard work ahead.

One of the most important items on our agenda is ensuring veterans get access to timely care, regardless of whether that care is at a VA hospital or a facility in the community. As the committee works to improve the quality and timeliness of care that veterans receive, my priority is ensuring benefits are never delayed, dismantled or reneged upon. With that said, reforms that ensure timely access to care are not without cost, which is why I am in the process of closely examining the president's budget request.

Last week, I held an oversight hearing with VA Secretary David Shulkin to review the budget request for Fiscal Year 2019. In his budget proposal, President Trump requested \$198.6 billion in funding for the department, an increase of nearly \$12 billion — which is 6 percent over FY 18. While this number seems rather large, it's even more striking when compared to the growth in VA's budget compared to overall federal spending and the economy. Since 2006, the VA budget is up 175 percent. This significant level of investment easily debunks the notion that Congress is trying to privatize the VA. Our only mission — shared by both Republicans and Democrats — is to ensure the men and women who serve have the benefits and care they have earned and deserve.

The VA will take action on many important items in FY 19. Some examples include implementation of the Forever GI Bill; appeals modernization; and the start of what will undoubtedly be a costly and lengthy replacement of VA's electronic health record, to name a few. It is my top priority to ensure the VA wisely utilizes resources to provide veterans with better quality care and more timely services.

In order to achieve these goals, one of my priorities — shared by Secretary Shulkin, Veteran Service Organizations and my Senate counterparts — is making it easier for veterans to access timely health care. The VA has been partnering with community providers since the 1940s to provide care outside the department. The committee has heard from veterans, VA employees and industry leaders about the many obstacles that prevent VA from effectively partnering with community providers to augment in-house health care services. Consolidating community care into one cohesive program that truly serves veterans is a key investment for the future that will make every dollar spent go further, and I was pleased to see President Trump call for this consolidation in his budget proposal.

Another important priority is the establishment of a VA asset and infrastructure review process to help the department repurpose or dispose of underutilized buildings, allowing dollars to be spent where they make the most impact. As we have discussed many times, modernizing the VA's physical infrastructure is a crucial prerequisite to ensuring the future success of the VA health care system, and I was glad to see President Trump's infrastructure plan specifically mention VA assets.

Last, but certainly not least, is the implementation of a modern, commercial electronic health record. While the EHR modernization effort is necessary, it is very expensive. The contract with Cerner alone has a price tag of about \$10 billion, and that doesn't even include the costs of updating infrastructure to accommodate the new EHR, implementation support or sustaining VistA up until the day it can finally be turned off.

The VA's mission and responsibility is to serve those who served our country. The VA is entrusted with significant resources, outpacing those of nearly every other agency to carry out that mission. But with substantial resources comes substantial responsibility to expend dollars wisely. I look forward to continuing my work with the VA, and both President Trump and Secretary Shulkin, to take care of our active duty servicemembers, their families and veterans.

Feel free to contact my office if I can be of assistance to you or your family.

The writer, a retired physician and a former mayor of Johnson City, represents the 1st Congressional District in the U.S. House of Representatives.

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3. Modernize Our System

3.1 - WIS (NBC-10, Video): [Dorn VA Medical Center to soon get more parking](#) (23 February, Jenna Cisneros, 859k uvm; Columbia, SC)

The Dorn Veterans Affairs Medical Center will be adding more parking spaces for the hospital.

An 80-million dollar package aimed at improving the center begins with their first project of adding a new, three and a half story parking garage that will add an additional 278 parking spaces.

The construction will take place right behind the mental health building. The garage will be located about 50 feet away from the building entrance.

The VA will also have shuttles available to help navigate people in and around the campus.

This parking project has been in the works for seven years. Friday marked the beginning of phase 1 and construction will start within the next month.

"The parking garage was designed to have built into it a phase two where we will be adding an additional 150 spaces in addition to the 278 built from phase one," Dorn VA Medical Center director David Omura said.

New spaces should be visible within 12 to 18 months.

"The biggest take away with this parking garage is that we will offer our veterans the much needed parking spaces that they need each and every day. There's not a day on this campus that you don't see every parking space filled up and you even find some veterans looking for a creative way to park on our property," Omura said. "This will provide them appropriate parking and will allow them to get in and out of their appointments much easier."

Along with a new parking garage, the Dorn VA was recently approved for more than \$80-million in new construction and renovation projects.

This is just the start to many changes the VA will see in the up coming years.

Omura explained that the community of Columbia and the state will actually see a brand new VA in the next year and a half to two years. There will be a new mental health center of excellence, a new rehab building, a new prosthetics building, a new eye center and a new police building.

"We will be taking a 20 thousand square foot, beautiful facility on our campus and renovating back to its former splendor to enhance primary care services," Omura said.

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3.2 - WFED (AM-1500, The Coalition for Government Procurement): [The real best value of raising the MPT and SAT](#) (23 February, Roger Waldron, 831k uvm; Washington, DC)

As you know, the FY18 National Defense Authorization Act raised the micro-purchase threshold (MPT) for civilian agencies to \$10,000 (the MPT remains at \$5,000 for DoD) and raised the simplified acquisition threshold (SAT) for all agencies to \$250,000. While much of the acquisition "buzz" around last year's NDAA focused on Section 846 and e-Commerce, raising the MPT and the SAT will have an immediate and significant impact in streamlining acquisition operations and supporting agency mission needs. So too, while much of the thinking/analysis around the increases in the MPT and SAT focuses on the impact on open market purchases, the real "best value" impact from the increases in the MPT and SAT will be through pre-existing, multiple-award indefinite delivery, indefinite quantity (MAIDIQ) contracts.

The increase in the MPT and SAT provides the flexibility for customer agencies to place orders under pre-existing contract vehicles, like NASA SWEPE, GSA's Multiple Award Schedule (MAS) program, the VA's MAS program, and other major, agency-specific MAIDIQ contracts quickly and efficiently. There is great value in this contract ordering flexibility as compared to open market transactions below the MPT. Namely, the products, services and firms on pre-existing contracts have been vetted for compliance with important government requirements (e.g. Trade Agreements Act, Buy American Act, cybersecurity requirements, socio-economic and small business goals, etc.).

In addition, the prices on these MAIDIQ contracts are the result of full and open competition and/or have been determined to be fair and reasonable while remaining under competitive pressure at the task and delivery order level. As noted in a previous column, the GSA Schedules program offers customer agencies with expeditious, competitive pricing through its electronic market place, GSA Advantage. Indeed, as described in the blog, according to a MBA Professional Report published by the Naval Postgraduate School, which provides a business case analysis comparing GSA Advantage to Amazon Business from the standpoint of prices and processes. It found that, for the top 60 commercially available items purchased by the Air Force using government purchase cards prices were lower on GSA Advantage more than 80 percent of the time. Thus, as compared to open MPT transactions, improving the efficiency of access to competitive/good pricing and compliant products via MAIDIQ contracts yields value to the government.

For the Veterans Affairs Department (VA), this streamlining reform provides the opportunity to support effectively the healthcare needs of our veterans by energizing the VA Federal Supply Schedule (FSS) as the backbone of the Medical/Surgical Prime Vendor (MSPV) program. In particular, by leveraging the VA FSS, the VA could provide the MSPV program office with greater access to best value healthcare solutions than otherwise, and thus, enhance the quality of care delivered to our nation's veterans.

Last week, the Civilian Agency Acquisition Council (CAAC) published a memorandum entitled, Class Deviation from the Federal Acquisition Regulation (FAR) increasing the micro-purchase threshold and the simplified acquisition threshold, which provides civilian agencies with the authority to issue class deviations to raise the micro-purchase threshold (MPT) and simplified acquisition threshold (SAT) in accordance with the Fiscal Year (FY) 2018 NDAA. Notably, the General Services Administration (GSA), in consultation with the CAAC, already issued a class deviation for GSA-funded procurements. The deviation, however, is not applicable to procurements made through the GSA Schedules program, which are subject to the policies of the customer agency.

By streamlining federal procurement through pre-existing multiple award contract vehicles, customer agencies can achieve a "win-win-win," where they are able procure solutions that not only support their end mission needs and goals, but are competitively priced, timely, and compliant. Consequently, that Federal customers should seek to leverage the streamlining reform presented by the increase in the MPT and SAT by incorporating the changes through their own class deviations.

Roger Waldron is the president of the Coalition for Government Procurement, and host of Off the Shelf on Federal News Radio.

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3.3 - Health Data Management: [VA, DeepMind partner to find risk factors of patient deterioration](#) (23 February, Greg Slabodkin, 143k uvm; Chicago, IL)

The Department of Veterans Affairs has partnered with artificial intelligence vendor DeepMind to develop machine learning algorithms that accurately identify risk factors that could lead to the deterioration of hospitalized patients, enabling clinicians to intervene before their conditions worsen.

The partnership will initially focus on analyzing patterns from 700,000 historical, de-identified health records to uncover the early warning signs of risk for acute kidney injury (AKI), one of the most common conditions associated with patient deterioration—and an area of expertise for U.K.-based DeepMind.

"This is a complex challenge, because predicting AKI is far from easy," according to Dominic King, clinical lead for DeepMind. "Not only is the onset of AKI sudden and often asymptomatic, but the risk factors associated with it are common throughout hospitals. AKI can also strike people of any age, and frequently occurs following routine procedures and operations, like a hip replacement. Our goal is to find ways to improve the algorithms currently used to detect AKI and allow doctors and nurses to intervene sooner."

Ultimately, the machine learning technology will be applied to other signs of patient deterioration in an effort to prevent serious infections and conditions, according to King.

"Medicine is more than treating patients' problems," said VA Secretary David Shulkin, MD. "Clinicians need to be able to identify risks to help prevent disease. This collaboration is an opportunity to advance the quality of care for our nation's veterans by predicting deterioration and applying interventions early."

Last month, the U.S. Food and Drug Administration approved a clinical monitoring platform that alerts hospital staff in near real time of a patient's deteriorating condition about six hours in advance using a predictive algorithm.

"We are proud to partner with the Department of Veterans Affairs on this important challenge," said Mustafa Suleyman, co-founder of DeepMind. "This project has great potential intelligently to detect and prevent deterioration before patients show serious signs of illness. Speed is vital when a patient is deteriorating. The sooner the right information reaches the right clinician, the sooner the patient can be given the right care."

According to the VA, about 11 percent of inpatient deaths globally are a result of patient deterioration not being detected early enough.

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3.4 - News Tribune: [Officials break ground on new, improved VA clinic](#) (24 February, Joe Gamm, 64k uvm; Jefferson City, MO)

Veterans' need for outpatient services in rural Missouri continues to grow, and the Department of Veterans Affairs is stepping in to help.

About 60 people gathered Friday afternoon for a groundbreaking ceremony for an expanded Community-Based Outpatient Clinic at 3430 W. Edgewood Drive in Jefferson City. When completed, likely in December, the clinic will replace the existing facility up the road at 2707 W. Edgewood Drive.

The new facility will increase the size of the clinic from approximately 7,600 square feet to approximately 10,500 square feet. The new facility will have 12 exam rooms, doubling the current facility's six.

It will provide primary care, behavioral health, audiology, podiatry, telemedicine, laboratory services and optometry, said Richard Burns, who specializes in internal medicine.

"We're excited to have a new facility," Burns said. "We're really tight in the current one."

David Isaacks, director of the Harry S Truman Memorial Veterans' Hospital, said since its opening in 2008, the number of patients treated at the clinic has grown. Doctors at the clinic treated about 4,500 veterans over the past year, Isaacks said Friday.

"Outpatient clinics are very important to our health system," Isaacks said. "They help us reach out to rural areas."

He said tele-health improves care further, allowing patients to receive specialty care without traveling to the hospital's main facility.

The expansion has been in planning stages for more than a year, VA spokesman Jeffrey Hoelscher said. It is expected to see a substantial increase in care, particularly for podiatry and optometry.

About 40,000 patients receive treatment at Truman VA hospitals and clinics annually, he said. The institution reaches 43 counties in Missouri and one in Illinois.

Most who use the clinic on Edgewood Drive are from Jefferson City, Fort Leonard Wood, Kirksville, Mexico, Marshfield, Lake of the Ozarks, Sedalia and St. James.

Nicholas Havens, chief of primary care at the veterans hospital, said growth at the clinic has been tremendous.

The "old" clinic was created in 2008. However, it has quickly been outgrown, Havens said.

"We've been adding on positions the entire time," Havens said. "For us, we think that's a good sign. This is health care that these guys are entitled to."

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3.5 - Healthcare Analytics News: [VA Plans to Use AI to Track Deteriorating Health in Veterans](#) (23 February, Ryan Black, 17k uvm; Cranbury, NJ)

Under Secretary David Shulkin, MD, the Department of Veterans' Affairs (VA) has made a conscious effort to become more tech-savvy. This week, it took another step in that direction by announcing a partnership with Google-owned machine learning and artificial intelligence (AI) firm DeepMind.

The collaboration is aimed at detecting health deterioration among VA patients. The London-based tech firm will have access to 700,000 de-personalized historical health records, which it will use to develop algorithms to identify risk factors for declining health. An official release from the agency said early work would focus on common and preventable signs, like acute kidney injury, that can lead to death if undetected.

"Medicine is more than treating patients' problems," Shulkin said in the statement. "Clinicians need to be able to identify risks to help prevent disease."

Patient deterioration is to blame for 11% of in-hospital deaths worldwide, according to the agency. Veterans face a host of unique health challenges that could contribute to deterioration, like elevated incidence of stress, anxiety, post-traumatic stress disorder, substance use, hazardous exposure, and chronic pain.

DeepMind has experience with both state-sponsored health research projects and the potential pitfalls that come with them. Since 2015 it has paired with the National Health Service in the UK for various projects. While working to develop a kidney disease-identification tool called Streams, it ran into controversy when it was found to have illegally received identifiable information on 1.6 million patients.

The potential violation, discovered last summer, caused UK Information Commissioner Elizabeth Denham to write that the “price of innovation didn’t need to be the erosion of legally ensured fundamental privacy rights.”

The VA’s statement did not provide timelines or terms for the partnership. The announcement comes as it faces growing scrutiny on another tech project: its electronic health records (EHR) transition. Nearly 8 months after announcing it would sign a contract to use Cerner’s technology, no deal has materialized. Officials from the agency have stated that a deal would be signed before the end of this month.

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3.6 - KSJD (NPR-91.5, Audio): [A New Veterans Outreach Center Building In Cortez](#) (23 February, Tom Yoder, 400 uvd; Cortez, CO)

In this episode of KSJD's monthly Veteran's Affairs program, Tom Yoder talks with Darla Sanders, Director of the Cortez Veterans Public Outreach Center, about the recent relocation of the center, what services the center provides, and how the new location will better serve area vets.

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4. [Focus Resources More Efficiently](#)

4.1 - The Hill: [Veterans Health Administration needs stronger recruitment methods](#) (23 February, Suzanne Gordon, 11.8M uvm; Washington, DC)

Two hundred members of the American Federation of Government Employees, the union that represents staff at the Veterans Health Administration (VHA), recently rallied at the VA’s DC headquarters.

Joined by Sen. Bernie Sanders (I-Vt.) and Rep. Mark Takano (D-Calif.) as well as Rick Weidman, Executive Director of Vietnam Veterans of America, they were protesting the agencies failure to adequately staff the healthcare system that serves nine million veterans.

In his state of the union address, President Trump boasted that he has hired “talented people who love our vets as much as we do,” In fact, nothing is further from the truth.

While Congress and the administration have made it easier to fire VHA employees and proudly launched a website which publicly lists every VHA employee who has been disciplined, suspended, or fired, it has consistently failed to address serious staff vacancies.

In 2014, as VA Under Secretary for Health, David Shulkin who is now the The Secretary of the Department of Veterans Affairs, estimated that there are 34,000 VHA vacancies.

Refuting American Federation of Government’s claims that there are now 49,000 vacancies. VA spokesman Curt Cashour, insists that there are only 35,554 vacancies.

That's up 1500 from Shulkin's initial estimate. Cashour admitted that while the VA had hired 900 mental health professionals over the past year, it had lost 945 during the same period.

Whatever the number, the administration's policies have made it difficult for medical facilities to hire the administrative staff to do things like the coding and billing necessary to running a high functioning health-care system.

Of the 35,000 plus vacancies at least four thousand are for human relations, logistics, and procurement staff. A recent VA Office of the Inspector General (OIG) report stated that lack of resources prevents the VHA from collecting accurate patient information needed to measure quality and safety.

All across the country, thousands of positions for primary care physicians, mental health providers, physical therapists, social workers and others go unfilled.

In a House Veterans Affairs Committee meeting on Feb.15, Rep. Mark Takano (D-Calif) and Tim Walz (D, Minn.) sharply questioned Secretary Shulkin about Trump administration plans that would make things even worse.

The president plans to freeze federal pay, prohibiting pay raises. This would hamper recruitment efforts, Takano insisted.

Housekeepers that keep hospitals clean, Takano stated, are already in short supply because of the fact that they are offered salaries that aren't competitive with the private sector.

Takano also added that he had reports that VA central office was directing human relations department to stop doing the kind of surveys of salaries offered in various private sector markets that provide VA directors with information essential to recruitment.

And then, there's the troubling news that what looked like an increase in funds — \$4 billion — for much needed repair of VHA infrastructure — won't in fact go to providing needed clinical and exam space and other repairs but will instead be channeled to further outsourcing of care to the private doctors and hospitals under Choice.

This is particularly disturbing given a recently released study by the prestigious National Academies of Science, Engineering and Medicine on mental healthcare services delivered to veterans of the Iraq and Afghanistan conflict.

The report documented that the majority of veterans who accessed the system had "positive experiences" and appreciated VHA staff's "courtesy and respect toward patients." However, staff shortages and shortages of clinical and office space were leading to staff burnout and high turnover rates that were jeopardizing their care.

These problems may get worse the administration has also extended eligibility for hundreds of thousands of other than honorable discharged veterans as well as newly transitioning veterans — without providing any new staff to handle a significant influx of patients.

This will further boost the caseloads of already overburdened VHA caregivers. That, in turn, will lead to more staff burnout, higher turnover, and patient complaints about appointment delays.

Sadly, the Trump administration, congressional Republicans —and even some Democrats ideologically committed to privatization — respond to all this by shifting more and more money away from the VHA and its dedicated staff.

As Walz stated in the Feb. 15 hearing, between 2014 and 2017, the budget for outsourced care rocketed by 49 percent while that of the VHA increased by only 9 percent.

The majority of veterans say they want these problems to be addressed so that the VHA, which they say is their first choice, can be strengthened not dismantled.

To do this requires streamlining cumbersome hiring procedures, providing more funding for new hires, and making VHA salaries competitive with those in the private sector.

Veterans and all of us need to ask why these measures are not being given serious attention by the White House or Congress.

Suzanne Gordon is the author of The Battle for Veterans' Healthcare: Dispatches from the Frontlines of Policy-Making and Patient Care.

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4.2 - National Review: [There's a Trust Crisis in Government. It Must Be Fixed](#) (23 February, Cathy McMorris Rodgers, 11.8M uvm; New York, NY)

If you were to ask Americans if they trusted the government to do the right thing, the likely answer is a big, fat No. According to Pew Research, only 3 percent of Americans say they trust that the government will do the right thing “all the time.”

3 percent! If only 3 percent of Americans said they trusted a pilot to land a plane, would you board the flight? If only 3 percent of Americans said they trusted a doctor to write the correct prescription, would you take the pill? What about if only 3 percent of Americans trusted a business to keep their credit-card information secure? Would you make a purchase from their website?

In all these cases, of course not.

Why is trust in government nearly at an all-time low? It's because the hardworking men and women of this country look at Washington, D.C., and see story after story of corruption, lack of transparency, and mismanagement. From senior FBI agent Peter Strzok's onetime involvement with an opaque investigation of the president of the United States, to Lois Lerner's Internal Revenue Service that targeted conservative organizations, to politicians from both parties who have abused public trust by engaging in sexual harassment.

What do all these cases have in common? It's officials who have lost sight of their mission to serve We, the People.

Take, for example, the scandals that have plagued the Department of Veterans Affairs. With long wait times, inadequate facilities, and little oversight, the VA has failed to live up to its sole mission “to care for those who have borne the battle.”

As the 2014 Phoenix VA scandal revealed, corruption and mismanagement can have deadly consequences. Unfortunately, that wasn't the end of it. A VA doctor in Oregon was just fired for boosting his performance rating by turning away veterans who were seeking his care.

I also hear from veterans every single day who must resort to calling their congressional representatives to get through to the VA. So often, when a veteran contacts the VA, they get the runaround rather than having the red carpet rolled out for them. It shouldn't be this way.

For far too long, the VA has been resistant to change and innovation that puts veterans first. I even encouraged the VA to use existing commercial off-the-shelf technology to let veterans schedule appointments quickly and more easily.

At every step of the way, the VA put up roadblocks. They told us it would take more than \$600 million and seven years to replace their archaic scheduling process with new technology. With veterans still waiting to receive care, that was outrageous and unacceptable. To cut down this bureaucratic timeline, my bill, the Faster Care for Veterans Act, was signed into law, mandating the VA to carry out a pilot program establishing a patient self-scheduling appointment program.

In this case, the VA had the opportunity to do the right thing by making their services more efficient and effective, but it took an act of Congress to make them do it.

Trust has been badly broken at the VA, and the only way to rebuild it is with greater accountability, stricter management, and services that give patients more control over their health care. That's why Congress passed the VA Accountability Act to give the administration greater authority to fire failing employees. President Trump has made this a priority, and so far, more than 1,500 employees have been removed for failing to do their jobs.

Trust is broken a lot faster than it can possibly be rebuilt. We are just getting started with reforming and fixing the broken culture at the VA, and it serves as an example of what we need to do to refocus the federal government on its core mission of service. It's vital that we restore trust by promoting transparency, oversight, and accountability in every single government program and agency.

As President Reagan said, "Trust, but verify." I don't expect the government to ever have 100 percent of the people's trust. A certain level of skepticism of Washington, D.C., is healthy, because no one is waiting for a perfect federal government to swoop in and solve every problem. That isn't what our Founders intended when they separated powers among our three branches of government and protected the power of our state governments.

But when just 3 percent of people say they completely trust the government to do the right thing, that's a crisis of confidence that cannot be ignored. Congress must do its part to rebuild trust in our democracy. That's why I'm more committed than ever to demand the effectiveness and accountability that the American people expect and rightfully deserve from their government.

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4.3 - Lowell Sun: [Reps press for hearing on Bedford VA hospital](#) (23 February, Todd Feathers, 320k uvm; Lowell, MA)

BEDFORD -- If three Massachusetts legislators get their way, there will soon be a congressional hearing on the mismanagement of the Bedford VA hospital.

U.S. Reps. Niki Tsongas, Seth Moulton and Katherine Clark have called for their colleagues on the House Committee on Veterans Affairs to hold a field hearing at the Edith Nourse Rogers Memorial Veterans Hospital following a rash of scandals. The most recent came a month ago when a federal watchdog criticized the Bedford VA for failing to properly discipline an employee who funneled hospital money to her brother's business, the VA in Washington is still reviewing whether new actions can be taken against her or hospital administrators.

The agency's hands may be tied, a VA official wrote in a document obtained by The Sun, by a double jeopardy policy that prevents the VA from disciplining an employee twice for the same offense without new evidence. The VA is, however, considering punishing the hospital administrators who decided to demote employee Heather Garneau-Harvey one pay grade, instead of firing her.

"The disciplinary action highlighted in the (Office of Special Counsel) report is wholly inappropriate and isn't anywhere close in proportion to the offense that necessitated it," VA Press Secretary Curt Cashour wrote in a statement. "Veterans deserve to know VA will hold employees accountable when the facts demonstrate they have failed to uphold the high standards taxpayers expect from us .

.. That didn't happen here."

On Feb. 9, the VA completed a review of the hospital administrators who handled the Garneau-Harvey case. It will announce additional disciplinary actions, if there are any, within the next five weeks, Cashour said.

In 2015, a VA Investigation determined that Garneau-Harvey and her father, Dennis Garneau, both of whom worked in the hospital's engineering department, directed at least \$200,000 in landscaping services and materials payments to Earth Creations, a company owned by Dennis Garneau Jr., who is Garneau's son and Garneau-Harvey's brother. Investigators also identified around \$750,000 worth of suspicious purchases approved by the Garneaus. In some cases, there was no evidence the purchased landscaping material was ever delivered to the hospital.

Garneau resigned from his job at the hospital after the investigation, but Garneau-Harvey retained her job. It wasn't until November 2017, while the OSC was investigating the hospital administration for retaliating against whistleblowers in a separate matter, that the hospital demoted her one pay grade.

She remained in a position where she could direct purchasing.

The Bedford VA has been without a permanent director for over a year and is now on its second acting director. The last permanent director, Christine Croteau, was removed amid an investigation into whether she retaliated against whistleblowers and instructed hospital staff to falsify data.

The coalition of Massachusetts representatives called for a Congressional hearing, and other matters, on Jan. 30. They have been working with U.S. Rep Ann Kuster, of New Hampshire, who sits on the House Committee on Veterans Affairs, to arrange the hearing but nothing has been confirmed.

Any congressional hearing would come at an awkward time. VA Secretary David Shulkin is facing his own questions after an inspector general's investigation found that his chief of staff doctored an email in order to justify the government paying for Shulkin's wife to take a 10-day trip to Europe.

Shulkin has since repaid the VA for his wife's travel.

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5. Improve Timeliness of Service

5.1 - Los Angeles Times: [The VA's anti-marijuana hysteria doesn't help veterans with PTSD](#) (23 February, Michael Gross and Mary Rouse, 23.9M uvm; Los Angeles, CA)

To the editor: The federal government ought to respect the wishes and sacrifices of our military veterans. ("Should veterans be allowed to use medical marijuana for post-combat stress? The Trump administration says no," Feb. 9)

Many people who have post-traumatic stress disorder cannot find effective treatment. Research into the benefits and risks of cannabis is a legitimate project for veterans, just as currently funded research into ketamine, an abusable substance, is a legitimate project to help in certain cases of depression.

Alcohol is legal, and it is a cellular poison with addictive properties that causes immense damage to entire communities when abused. Tobacco is legal, and it can cause cancer in smokers and in innocent people nearby.

The federal government needs to drop its anti-marijuana hysteria and think about science.

Michael Gross, Woodland Hills

..

To the editor: The U.S. Department of Veterans Affairs opposes medical pot for veterans' treatment and refuses to investigate — or even to refer vets to clinical studies that investigate — whether medical use of marijuana is valid.

That would be kowtowing to science, acting as if scientists and doctors know anything. The VA itself already knows that medical use of marijuana is bad. Because.

Mary Rouse, Los Angeles

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5.2 - WFLA (NBC-8, Video): [Congressman demands answers after VA computer stops veteran's prescription for brain injury](#) (23 February, Steve Andrews, 702k uvm; Tampa, FL)

A Target 8 investigation recently revealed prescription problems at the VA hospital in Bay Pines.

Tom Barr, a 70-year-old Air Force veteran was admitted to Bill Young Medical Center after he suffered a traumatic brain injury four years ago.

His daughter and caregiver Brandye Jackson says he takes Methylphenidate or Ritalin to keep his brain firing at the right rate.

"His brain was so damaged that it just doesn't have the ability, you know all the neurons aren't firing," said daughter Brandye Jackson.

Jackson says although the hospital received very specific instructions on how to care for her father that specifically mention his need for Methylphenidate, Barr's prescription was stopped.

According to several sources, a computer stops all prescriptions for narcotics and controlled substances for veterans after seven days at a VA hospital.

"A computer shouldn't have the control to drop something out of the system, it should be a doctor that has the control," said Ms. Jackson.

Her father fell through the cracks. Barr's physician was on vacation when his prescription was stopped.

"Unacceptable, that can't happen," said Congressman Gus Bilirakis (R-Fl.) told News Channel 8. He plans to bring the matter to the attention of the Secretary of the Department of Veterans Affairs.

Bay Pines spokesman Jason Dangel said that upon admission, a patient will stop receiving medication from outpatient pharmacies. A hospital physician orders new prescriptions with a seven-day stop on controlled substances.

A computer stopped Tom Barr's prescription and the VA missed it.

"Computers are fine but doctors should be making decisions case by case," said Congressman Bilirakis.

Mr. Bilirakis says he will personally talk to the VA secretary about this mistake, how it affected Barr and how it may affect others.

"It's something that has to be changed now," said Jackson. "It can't wait."

Jackson said her father is only now beginning to come back. If he had been on heart medication, he might now be dead, she added.

News Channel 8 has inquired as to whether anyone at Bay Pines will be held accountable for missing Mr. Barr's medication issue.

Congressman Bilirakis said it is time for a re-evaluation of Medical Center Suzanne Klinker.

In January, the congressman demanded answers and a solution from Ms. Klinker after Target 8 revealed she had housed several veterans in a building for months with no heat or hot water.

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5.3 - WRIC (ABC-8, Video): [One of the nation's largest veterans groups joins call to end dog testing](#) (23 February, Kerri O'Brien, 487k uvm; Richmond, VA)

American Veterans (AMVETS), one of the nation's largest veterans groups with 250,000 members, told Congress Friday they support efforts to phase out taxpayer funding for "antiquated canine research" at the Department of Veterans Affairs.

In a letter, the group writes, "the drawbacks have far outweighed the benefits for quite some time."

The letter goes on to say for these reasons, "AMVETS supports a steady and finite draw-down in funding for VA's controversial canine research and the re-purposed funds to be used for identifying alternatives to using animals in research."

A series of 8News investigations uncovered deadly dog experiments have been underway for years at McGuire Medical Center in Richmond.

8News found the dogs, sometimes as young as six-months-old, are surgically implanted with pacemakers and run on treadmill often until they collapse or have a heart attack.

All of the dogs are eventually euthanized.

The VA has maintained this is critical research into cardiovascular disease. Opponents call it animal abuse.

The House has passed a measure to cut taxpayer funding for the research. The Senate still needs to vote on it.

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6. [Suicide Prevention](#)

6.1 - The Wall Street Journal: [AI Helps Identify People at Risk for Suicide](#) (23 February, Aili McConnon, 43.5M uvm; New York, NY)

In late January, a 60-year-old woman in northern Argentina posted on Facebook : "This can't go on. From here I say goodbye."

Within three hours, a medical team reached the woman and saved her life—thanks in part to advances in artificial intelligence.

The post caught the attention of Facebook's AI system, which is programmed to spot potential suicidal language. The system decided it was an emergency and passed it along to moderators for review, who then alerted authorities in Buenos Aires. Before long, first responders were on the scene. (Facebook wouldn't comment on the incident.)

“Artificial intelligence can be a very powerful tool,” says Enrique del Carril, the investigations director in the district attorney’s office in Buenos Aires. “We saved a woman far away in remote Argentina before something terrible happened. That is incredible.”

Facebook’s suicide-alert system is just one of many efforts to use artificial intelligence to help identify people at risk for suicide as early as possible. In these programs, researchers use computers to comb through massive amounts of data, such as electronic health records, social-media posts, and audio and video recordings of patients, to find common threads among people who attempted suicide. Then algorithms can start to predict which new patients are more likely to be at risk.

Machine assistance

Machines wouldn’t replace humans making diagnoses about suicidal behavior. But these tools—most of which are still experimental—could eventually help clinicians screen patients more quickly and accurately, perhaps even while a doctor is still doing an interview.

At the same time, some critics have raised concerns about the privacy rights of patients as machines tap into their personal data, as well as possible mistakes in how the information is interpreted.

Using technology to detect suicidal behavior is part of a larger effort to use AI to discover and treat a range of mental-health issues including depression, schizophrenia and bipolar disorder.

But suicide-detection research—in the public and private sectors—is further along than other mental-health efforts. In part, that’s because suicide is on the rise, particularly among teenagers. In 2006, one person in the U.S. committed suicide every 16 minutes, according to the Centers for Disease Control and Prevention. A decade later, it was every 12 minutes. Plus, traditional ways of predicting suicide have been found lacking. In fact, a recent meta-analysis by Florida State University researchers and others, published in the journal *Psychological Bulletin*, found that the traditional approach of predicting suicide, which includes doctors’ assessments, was only slightly better than random guessing.

By contrast, early tests of AI have shown markedly better results. A follow-up study by several of the same researchers, published in the journal *Clinical Psychological Science* last year, used AI to analyze the medical records of nearly 16,000 general hospital patients in Tennessee. The algorithms identified common traits among suicidal patients—such as a history of using antidepressants and injuries with firearms—and could predict with 80% to 90% accuracy whether someone would attempt suicide in the next two years.

The results show AI can “model complex interactions among many risk factors” to decide who is most likely at risk, says Jessica Ribeiro, psychology professor at Florida State University focused on suicide prevention, and one of the researchers.

Other early tests combine analysis of medical records with real-life data, such as what people say to their clinicians and how they say it. John Pestian, director of computational medicine at the Cincinnati Children’s Hospital, took this approach in a study published in 2016 in the journal *Suicide and Life-Threatening Behavior*. Dr. Pestian looked at 379 people in one of three categories: at serious risk for suicide; mentally ill but not suicidal; and a control group. The subjects filled in surveys and were interviewed and filmed.

An algorithm analyzed relevant patterns and could determine with up to 93% accuracy who was actually in the suicidal group versus someone who was mentally ill but not at risk, or a control. Among other signs, the findings showed that mentally ill patients and control patients tended to laugh more, sigh less, and express less anger and emotional pain and more hope than those who exhibited suicidal behavior. All of which, Dr. Pestian argues, could only be gleaned from real-world interactions, not medical records.

Analyzing audio

Dr. Pestian has used his AI research to develop an app called SAM that has been tested in Cincinnati schools and clinics. The app records sessions between therapists and patients, then analyzes linguistic and vocal factors to provide a real-time assessment of a patient at risk for suicide.

Another system with a similar approach: Cogito's Companion, developed by Cogito Corp. The system, which has been used with about 500 veterans, analyzes data from users' phones, such as the frequency with which they text or call and how much they have traveled in a given week; users also record short audio diaries that the system analyzes. Cogito says its app can detect depression and suicidal behavior with more than 80% accuracy.

Some private-sector efforts to identify suicidal behavior are already being used on a wide scale. In the past five years, AI-powered virtual assistants such as Apple's Siri have started directing users to the National Suicide Prevention Lifeline, and offering to connect them, when they detect suicidal comments or questions. That might include people using the word "suicide" or saying something like "I want to jump off a bridge."

Facebook has been working on suicide prevention for more than 10 years, but faced criticism last year for not doing enough after several users took their own lives and live-streamed the process. In November 2017, Facebook said that it had started to use AI to analyze people's posts and live streams in an effort to detect suicidal thoughts, and that its AI system now prioritizes particularly dangerous and urgent reports so that they are more quickly addressed by moderators. The company says that over a month in the fall of 2017, its AI system alerted first responders to intervene in 100 cases of potential self-harm.

"We're always looking to improve our tools," says William Nevius, a Facebook spokesman. "We know this is a new technology, and we're always looking for additional ways to help people."

Potential roadblocks

But as companies get involved in the suicide-prevention efforts, they face a host of ethical questions. For one, there's transparency: Technology firms already have to deal with concerns about the kinds of information they collect from users and what they do with it, and those debates will likely become even more heated as they handle sensitive mental-health information.

Legal and regulatory questions also arise, such as who assumes responsibility if an AI system makes a false prediction. A wrong guess, for instance, might leave an individual with a damaging data trail suggesting they were suicidal.

In fact, such questions of privacy may plague any research into suicide, some critics say. For medical AI systems to work well, they need access to a wealth of data from a variety of patients, but that can be tricky because of the perceived stigma of mental-health disorders, says Siddharth Shah, an industry analyst at research firm Frost & Sullivan. "How many people are

going to be OK with having sensitive mental-health information shared with an algorithm?” he says.

Some efforts are under way to address that issue. For instance, Qntfy, an Arlington, Va., company, is recruiting people to donate data for study, and more than 2,200 people have done so to date. Identifying information is scrubbed out of the data before it’s analyzed, the company says.

Finally, issues of nuance plague many AI efforts. Though AI may recognize a word, it may not comprehend the context. “Saying ‘I hate this. I can’t survive’ is very different if you are saying it to a doctor versus venting on social media,” says Adam Miner, a clinical psychologist and AI researcher at Stanford University.

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6.2 - UVA Today: [Student Team Hacking Into Problem Of Veteran Suicide](#) (23 February, Fariss Samarrai, 2.4M uvm; Charlottesville, VA)

Veteran suicide is a pressing national issue in the United States. While veterans make up just under 9 percent of the U.S. population, they account for more than 18 percent of all suicides.

To help address the issue, the Northern Virginia Technology Council is sponsoring a University Challenge “hackathon” Wednesday in McLean at its Capital Data Summit, to present ways that big data analysis can be used to address a serious national challenge. The summit is designed to showcase big data assets and capabilities in the region that can serve commercial and government interests, as well as society at large.

The University of Virginia is sending a team of five undergraduate students to compete in the hackathon. The team has been working for nearly two months to “hack” into the factors that can lead to so many veteran suicides, leveraging data science tools and techniques to analyze and propose solutions to the problem. Their sources included Department of Veterans Affairs statistics, demographics data from regions throughout the nation, death statistics and others.

During a recent internal competition at UVA the team presented its findings to four judges, each in the data science field, and won the internal competition, earning its place in the Capital Data Summit competition. The team members, and their competition, will be judged on the basis of their choice of data, their analytical techniques, their understanding of and insight into the subject matter, and the quality of their presentations.

“This Northern Virginia Technology Council challenge led to a group of talented students looking at a very important social problem and increasing our understanding; it does not get any better than that,” said Phil Bourne, director of the UVA Data Science Institute, which is sponsoring the UVA team.

The team is proposing ways in which social media and other data can be used to identify and locate at-risk veterans and offering solutions. Team leader Soukarya Ghosh, a first-year computer science major, heard about the UVA hackathon from a friend just a few hours before a planning session in January, and showed up “out of sheer curiosity.”

“The concept of looking at data which could cause tangible change in our communities is what really struck me and I was convinced to form a team to take on this challenge,” he said.

Ghosh’s team soon developed a program to analyze veteran tweets for patterns that might indicate behaviors and attitudes that could suggest depression and suicide.

“My group was able derive a number of correlations between veteran suicide rate and variables such as uninsured rate, urban/rural living location, and access to firearms,” he said. “Although these facets remain correlations, we plan on diving into deeper research to find root causes such as unhappiness caused by social isolation, poverty, etc.”

He said the team also will further address shortcomings at the Department of Veteran’s Affairs, such as wasteful spending.

“There is no one right answer that will stop suicides once and for all; however, with small steps, like providing accessible healthcare to all our veterans and creating a strong community around them, can help them settle back into civilian life,” he said.

He added that the exercise is helping him collaborate effectively with his peers, and he plans to use the skills he’s developing to address additional large scale societal problems.

“Data science brings out opportunities for teams to come together and attack a problem that no one person could even begin to address alone,” said Arlyn Burgess, the DSI operations director who coordinated the internal competition. “Beyond their excellent technical abilities, the teams creatively found data sources and methods to address the way that we support our veterans when it comes to the difficult issue of suicide. These kinds of data-informed recommendations are going to change the world we live in, and we are excited to be part of it.”

Rahul Batra, a first-year computer science major on the team, signed on because of an interest in the interaction of technology and societal issues.

“Whether it is through something as simple as optimizing the way people interact with a system at a grocery store or through something broader like combatting bullying, technology always plays a large role in people’s behavior,” he said.

“When I heard that the DSI at UVA was offering this project I was thrilled because data analysis is a field that’s been completely changing the way companies operate, and it is interesting to see it now being taken to a policy level with relation to the government.”

Batra said he is happy to “tie together” science, technology and society concepts with computer science skills to work on policy objectives that could enact change.

“After collecting data, interpreting it, and running tests, at the end of the day we still needed to reason with it and create subjective policy recommendations,” he said. “This part of the project wasn’t something that we necessarily are taught in our classes, however it is equally important to our success as engineers to be able to communicate what our findings really mean.”

The merging of a range of skillsets by the team has impressed Don Brown, a chaired professor of computer science, and one of the UVA competition judges.

“This talented team of students has given us new insights into the crisis of suicide among those who served our country,” he said. “As a veteran myself, I very much appreciate their work and am impressed by their technical accomplishments in a very short period of time.”

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Buffalo News: [Editorial: Build the cemetery](#) (24 February, Editorial Board, 1.5M uvm; Buffalo, NY)

One of the last and possibly most important ways to show veterans who honorably served this country respect is to give them a fitting final resting place.

For far too long, such a place did not exist within range of Western New York. The omission was glaring for families who had to drive far out of their way to Bath, about 100 miles southeast of Buffalo. The other choice was private cemeteries – pleasant, perhaps, but lacking the national honor due to those who have served.

But a number of parties, private, public and political worked together to finally find our military a final and fitting resting place. The Western New York National Cemetery is the region's first of a kind in its distinction for veterans, in the Town of Pembroke, Genesee County.

It took a long time. It's been nine years since the initial proposal. Delays began with the Department of Veterans Affairs. The agency spent four years choosing a site for the cemetery, and it was another four years before three parcels of land could be put together to create the desired setting. The reason had to do with a gas line that ran through the middle of two of the parcels. It had to be moved. Enter the bureaucracy.

The Veterans Affairs spent a couple of years figuring out three possible sites, one in Lancaster and two Pembroke. It took another couple of years for the agency to decide on the final location, at the intersection of Indian Falls Road and state Route 77 in Pembroke

With the largest piece of land in its portfolio, a 132-acre parcel acquired in 2014, the VA still could not start construction on the new cemetery until it secured two other parcels of 60 acres and 77 acres. They were needed for the cemetery's main entrance which would be built along Indian Falls Road, instead of the busier Route 77 corridor.

Both property owners were on board except the interested parties had to contend with the gas line, which required various government agency approvals. Even bureaucrats were frustrated by this bureaucratic logjam.

Then, government approvals were needed, as was an environmental impact statement. The gas line had to be moved to the perimeter of the property and the VA had to buy the property for an undisclosed sum. During the long delay in Western New York, about a half dozen new veterans cemeteries in underserved areas were built across the country. Veterans and their loved ones wanted to know when a shovel would hit the ground.

Senate Minority Leader Charles E. Schumer, D-N.Y., has urged the VA to maintain a “swift construction timetable,” to begin construction this year. Schumer has been on the case since 2009. He will keep pushing. Rep. Chris Collins, R-Clarence, whose district includes the cemetery site, said he, too, would push for quick completion.

The official opening date remains unknown but with the backing of Schumer and Collins, along with \$36 million Congress already appropriated for construction, hopes run high that the work will get started, soon. Maybe as soon as this year, as Schumer predicted.

It has taken too long to get going on a final resting place for this area’s veterans. It’s time to make this happen.

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7.2 - WLTX (CBS-19, Video): [Homeless Veteran Receives Proper Funeral From Community](#) (23 February, Nic Jones, 833k uvm; Columbia, SC)

A veteran who was homeless passed away in a Lexington County park was honored Friday with a proper funeral held by members of the community.

It’s never easy to say goodbye. It’s even harder when the people who have passed on seem forgotten.

As motorcycles poured into Fort Jackson National Cemetery, emotions began to rise thinking about the three previously unclaimed veterans.

Pamela Longwood is an army veteran. She understands that no one in uniform can be left behind.

"I felt sad. My heart felt heavy. I couldn't understand but I know how important it is to see a support system when you have a homegoing service. You really need to know that somebody cares," said Longwood.

Last month, a veteran who was homeless passed away at a Lexington County park. Lexington County Coroner, Margaret Fischer, identified the man as Dennis Reidy.

Reidy, an air force veteran, also served as a Richland County Sheriff's Deputy.

Richland County Sheriff Leon Lott remembers Reidy as a hard-working deputy who was proud to serve in the military.

"All of us who worked with him are better people for knowing him. Unfortunately, he died homeless and we all need to be concerned about it and do all we can for our veterans," said Lott.

Reidy also went to school at the University of South Carolina.

After discovering what had happened, the American Legion, the Lexington County Sheriff's Department, and the Fort Jackson National Cemetery stepped in to give Reidy and the two other veterans a proper funeral.

Richard Strobel with the the American Legion knew they had to do something

"It really breaks your heart because you know what they've gone through. They dedicated themselves for us, at some point something went wrong and because of that, they're left alone," said Strobel.

The service was done for free for Reidy.

Sadly, Reidy died alone, or at least thought he didn't have family.

Diane Pryslak hasn't seen her first cousin since 1961. After decades of searching, she found out through an email that Dennis had passed away.

"Dennis was a missing link for us and I've been trying for several years now to find him, to contact him. Felt I had to say goodbye to him and let him know that he's still our link to the male side of the family. It was a fitting goodbye," said Pryslak.

Even though she didn't find him like she had hoped, she still can feel that he's there with her.

"I just felt his presence. When the dead go, their soul goes first. They leave a body behind. His soul was up in Heaven and looking down and I think he was stunned. Stunned," explained Pryslak.

Families that did attend the funeral say they were happy to see all the support and were proud of the way their loved ones were honored.

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7.3 - WFED (AM-1500, Audio): [Veterans Employment initiative: What's working, what's not, and how to move forward](#) (23 February, David Thorton, 831k uvm; Washington, DC)

Experts have declared the Veterans Employment initiative a success in terms of bringing veterans into federal employment. But now the program is stalling, and those experts say it's time to shift focus away from broad hiring initiatives, and toward more concentrated efforts to boost their distribution through more diverse agencies, and increase retention and engagement.

That's why the Office of Personnel Management reached out to the Institute for Veterans and Military Families at Syracuse University about a year and a half ago to do a study and make some recommendations on how to move forward.

"If you look at the numbers and the federal government as a whole, it's done phenomenally well in terms of bringing veterans into federal sector jobs from the launch of the initiative in 2009 all the way up through the latest data we had run, for FY 2015," said Nick Armstrong, the Institute's senior director for research and evaluation.

Since the program's launch, veterans have accounted for more than 30 percent of new hires in the federal workforce, and their numbers have risen until they now make up roughly one-third of federal employees.

But Armstrong said when you dig into those numbers more deeply, you begin to see variations, and places where the program could benefit from more targeted efforts. For example, researchers found that veterans were mostly concentrated in larger agencies, especially those with a military-related culture or mission, like the departments of Defense, Veterans Affairs and Homeland Security.

“That’s what we wanted to try to get into, was how does this vary across the federal government?” Armstrong said. “What had been done in some agencies, and what more could be done going forward?”

It’s easy to assume that the nature of the mission attracted so many veterans to these agencies, but Armstrong said it’s actually more complicated than that. First, larger agencies with better staffed and funded HR departments were able to set up veteran employment resource offices completely devoted to that mission. Other, smaller agencies only had veteran employment resource officers who sometimes wore multiple hats, forced to divide their attention between multiple hiring initiatives.

There can also be cultural differences inhibiting agencies from understanding vets’ skills. While DoD, VA and DHS might align more closely with tasks a veteran performed in the military, and may draw on a veteran’s experience in that realm, that doesn’t necessarily mean that’s what a veteran wants to do after their military service. And it certainly doesn’t mean that’s all they’re capable of doing.

“It’s a little bit more nuanced than just trying to plug-and-play or trying to automatically assume that what a service member did in the military is what they want to do or what they can only do in the civilian sector. Part of that is about not necessarily full awareness or appreciation of the full diversity of different skills and occupations that military members fill across the military,” Armstrong said.

For example, the GI Bill is a major enticement to many service members to join the military. But focus on veteran status and the nature of their military service can obscure other training acquired during or after that service, like higher education through the GI Bill. And that’s a problem when, as Armstrong said, about half of vets don’t want to do the same job they did during their military service.

But that lack of visibility when it comes to federal jobs veterans can perform can go both ways. Veterans aren’t always aware of the existence of smaller agencies whose missions don’t align more closely to the military, much less their hiring status.

OPM has already made moves to rectify that situation. It created FedsHireVets.gov to act as a resource to connect veterans to the full range of federal jobs. But veterans remain concentrated in certain agencies.

“There’s clearly more opportunity for agencies to be able to communicate the types of opportunities that vets may, or transitioning service members even may find interesting,” Armstrong said. “And also opportunities to help educate and inform transitioning service members about what those opportunities are beyond the traditional federal agencies where vets tend to find themselves.”

Armstrong said agencies with lower number of veterans and jobs that don't align with military skills or experience could also look into workforce development or training programs to entice veterans to expand their professional skillsets.

As the study continues Armstrong said he wants to look beyond hiring and basic retention metrics and start looking at the veteran experience in the federal workforce more holistically.

"This is an opportunity to look into the initiative and to pick out things of what can be done now to sustain the success and move the initiative forward, particularly on issues beyond just hiring," he said.

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7.4 - Times-Herald: [National Cemetery Administration: We're here for our veterans](#) (23 February, 104k uvm; Vallejo, CA)

Responding to the Times-Herald article, "Petition to get federal government to own the Mare Island Cemetery now circulating," published on Feb. 13:

The Mare Island Cemetery was transferred from the Department of the Navy to the City of Vallejo in 1996 and has never been under the jurisdiction of the Department of Veterans Affairs National Cemetery Administration (NCA).

In response to concerns recently raised about the conditions of the cemetery, NCA and the Navy assisted the City of Vallejo in preparing an application for the Department of Defense's (DoD) Innovative Readiness Training Program where military funds and manpower may be used for the restoration of this cemetery. If the project is approved, DoD would match a military department/unit with the project and work would start in Fiscal Year 2019.

NCA worked directly with Mayor Sampayan and his staff on their application and provided technical specifications and expertise for the necessary turf renovation, and headstone raising and realignment and made recommendations on addressing historical fence and drainage issues. In addition, NCA stands by to offer direct assistance in replacing government headstones, as it would for any cemetery where veterans are buried.

The article suggests that NCA should reopen the cemetery at Mare Island. However, the Sacramento Valley National Cemetery in Dixon serves veterans and families in the northern Bay Area with in ground and above ground burial options and will continue to do so for years to come.

We also look forward to expanding service to Bay Area veterans and loved ones with the development of a new columbaria-only urban cemetery, currently in design, at the new Alameda Point National Cemetery. This cemetery, at the former Naval Air Field in Alameda, will provide access to burial benefits for approximately 420,478 veterans, spouses and other eligible dependents.

NCA appreciates the local community's commitment to ensuring a dignified resting place for our nation's heroes. We will continue to assist the City of Vallejo in meeting its responsibility to improve the conditions of the Mare Island Cemetery.

— The National Cemetery Administration/Washington, D.C.

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7.5 - Elko Daily Free Press: [Heller to propose VA cemetery in Elko](#) (23 February, Suzanne Featherston, 92k uvm; Elko, NV)

If a veteran living in Elko wants to be buried in a VA national cemetery, the only in-state options are in Boulder City and Fernley.

Sen. Dean Heller hopes to change that by passing a bill through Congress to establish a VA national cemetery in Elko, and he asked for support from the Elko County Board of Commissioners.

“Nevada’s heroes deserve a dignified final resting place close to home, and for too long these veterans and their families have not had the option to bury their loved ones in a national cemetery,” Heller said. “I will continue to push my colleagues in Congress to support the Elko Veterans Cemetery Act so we can get this cemetery started for our veterans and their families.”

The senator drafted a bill that would transfer Bureau of Land Management property in Elko to the Secretary of Veterans Affairs for a VA national cemetery. The 15-acre plot is near Adobe Middle School off of Western Way, and Cattle Drive winds through it.

During their Feb. 21 meeting, the commissioners expressed their support of having a VA national cemetery in Elko County but had questions about the logistics of operation and proposed location.

Commissioner Cliff Eklund asked who would be financially responsible for the operation of the cemetery once established.

“I think it’s a great proposal, and I’m fully in support of it, but I just wanted to get that question [answered],” Eklund said.

The draft bill states that the Secretary of Veterans Affairs would reimburse administrative costs of the land transfer, but the text does not mention operations. The VA’s National Cemetery Administration maintains 135 cemeteries in 40 states, including Puerto Rico, according to the VA.

Greg Deimel, public affairs officer for the BLM Elko office and a veteran, added that every VA cemetery he’d seen in his extensive national travels has been impeccably well-kept.

Commissioner Jon Karr asked why the cemetery was needed, how the location was decided and how many burial plots it would contain. The agenda packet materials did not address those issues.

“By no means does anyone need to hammer me that I don’t support veterans or something because that’s not what I’m asking,” Karr said. “I am not opposed to it. I just think there are some wild questions that need to be answered first.”

In 2012, the Department of Veterans Affairs announced an initiative to provide burial services for veterans in rural areas, specifically Elko. However, the plan to build a national veterans' burial ground in existing public or private cemeteries did not happen in Elko, according to information provided by Heller's Washington, D.C., office.

Two years later, a National Cemetery Administration audit revealed that veterans in rural areas — including rural Nevada — still did not have reasonable access to burial options. The VA Office of Inspector General found that as many as 4,600 veterans in five Nevada counties remain unserved.

Deimel explained that Heller sent staffers to Elko in 2015 to investigate potential sites for the cemetery but said he did not know how the team decided on that particular location.

Commissioners' additional concerns included getting irrigation water to the site, how surrounding city land would be developed, and the position of Cattle Drive, a county road that is traveled by about 400 vehicles a day.

Community development natural resources director John Baldwin offered to contact Heller's office and ask the questions presented by the board members.

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7.6 - Gainesville Daily Register: [Providing homeless veterans with housing works](#) (23 February, Thomas Wisnieski, 37k uvm; Gainesville, TX)

Recently our team from the North Florida/South Georgia Veterans Health System had the opportunity to join our community partners in Gainesville for the annual point-in-time count. The entire senior leadership team, the associate chief of staff for mental health, homeless program leaders and front-line staff joined the effort at 5:30 a.m. with a goal of counting our local homeless population and connecting them to services to end their homelessness.

The Sun article on the point-in-time count focused on the counting, surveying and giving of supplies. All of those are important! However, we also need to talk about the tremendous progress that has been made in dramatically reducing homelessness among veterans in our community and about the comprehensive and coordinated services that have been systematically put in place to ensure that veterans can be moved to housing as quickly as possible.

The housing-first model embraced by the VA eliminates barriers to housing by dispensing with preconditions and roadblocks such as requirements for sobriety, treatment or service participation. Once veterans are assisted with obtaining housing, the VA wraps around with supportive services to address their health, mental health, addiction and legal needs, ensuring their long-term success in staying housed. The real story here is the opportunity this provides for veterans to reintegrate, thrive and contribute to our community.

Ending homelessness for veterans has been a top national priority for the VA in past years and a personal mission for our local staff. One of the most revolutionary element in our programs designed to serve homeless veterans has been the Housing and Urban Development Veterans Affairs Supported Housing (HUD VASH) program.

The HUD VASH program began in 2008 with 150 housing choice vouchers designated for veterans divided equally between the two public housing authorities in Gainesville and Alachua County. As of today, there are currently over 1,660 such vouchers distributed between seven Public Housing Authorities across the NF/SGVHS.

In our local region, this partnership between the VA and HUD has resulted in over 750 new housing choice vouchers for veterans. The HUD VASH vouchers represent about a quarter of housing choice vouchers in our community and the only recent significant increase in this type of funding for our local housing authorities. There are over 700 veterans housed in our surrounding area with rental assistance from the housing choice voucher and supportive services provided by our VA homeless team.

Here at the NF/SGVHS our team has embraced the housing-first philosophy! Why? In a word, it works! Last year our HUD VASH program had an 8 percent negative exit rate, which was significantly lower than national targets. This means that more veterans are getting and staying housed, a very positive outcome. Given the size and scope of our program, this is an amazing statistic and a testament to the fact that housing-first works!

The VA partners with our community service providers to offer additional services to meet the needs of veterans. The homeless providers grant and per diem program recently underwent a shift in mission to better align with the housing-first philosophy. This change in focus includes expanding the number of clinical treatment beds as well as offering some short-term bridge housing beds.

In Gainesville and Ocala there are currently 72 clinical treatment beds available through partnership with Volunteers of America, Florida. There also are 22 bridge housing beds which afford veterans a place to stay while they look for housing.

The Supportive Services for Veteran Families program allocates funding to community partners to support rapid rehousing services and homeless prevention services. Locally, Meridian Behavioral Health and Volunteers of America, Florida and Family Endeavors have received over \$3 million to fund these efforts. Veterans also receive comprehensive, world-class health care.

All these efforts combined have produced measurable results. Not only does housing-first work by ensuring that veterans become and remain housed, the number of homeless veterans identified in the point-in-time count has had a marked decline. In the last five years, the total number of homeless veterans has declined by 50 percent and the number of unsheltered veterans is down by 54 percent.

The NF/SGVHS is pleased to be part of the community-wide effort to end homelessness among veterans. For the hundreds of veterans who are no longer homeless this is a story worth sharing!

Thomas Wisnieski is director of the North Florida/South Georgia Veterans Health System.

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8. [Other](#)

8.1 - Arkansas Democrat-Gazette: [Lawsuit against VA dismissed. Business owner challenged notice about federal contracts](#) (23 February, Linda Satter, 865k uvm; Little Rock, AR)

A federal judge on Thursday threw out a lawsuit filed earlier this month by Ross Alan Hope and his business, Powers of Arkansas, challenging a recent notice that the U.S. Department of Veterans Affairs is considering "debarring" the business from continuing to bid on federal contracts.

Hope and Mikel Kullander, who owns a Little Rock construction company, were tried last year by a federal jury on major-fraud charges accusing them of falsely claiming that a joint business they formed, DAV Construction, was run by a service-disabled veteran. That allowed the company to qualify for lucrative government contracts set aside for businesses run by service-disabled veterans. However, after six days of trial and 1½ days of deliberation, jurors deadlocked on the charges, causing a mistrial. U.S. Attorney Cody Hiland declined to retry them, and the charges were dropped on Nov. 7.

In a lawsuit filed Feb. 8, Hope complained that a debarment notice he had recently received was unfairly forcing him to defend the same allegations in a civil investigation, when the department could and should have pursued the matter civilly in the first place. He alleged that the agency was violating his due-process rights, and sought an injunction to prevent the agency from enforcing a suspension of contracts with his company and a restraining order to prevent his business from being excluded from bidding on federal contracts.

In response, government attorneys said the notice Hope received was just the beginning of an administrative review process and that no decision has been made on whether to debar Powers of Arkansas from further bidding on government contracts. Until an agency decision is final, the attorneys said, federal courts don't have jurisdiction over agencies' administrative processes.

After a hearing on the matter Wednesday, U.S. District Judge Leon Holmes agreed in an order filed Thursday that "the VA's decision-making process has only just begun; there has been no final agency action. Therefore, the [Administrative Procedures Act] does not authorize the Court to review the merits of the proposed debarment at this stage."

He cited previous court cases holding that federal agencies are entitled to use their own discretion on whether to prosecute someone or enforce a policy through either the civil or criminal process, or both.

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Veterans Affairs Media Summary and News Clips

24 February 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Homeless Veterans Could Get New Homes in Idaho](#) (23 February, 24M uvm; Washington, DC)

Homeless veterans could get housing and access to health care and other services under a proposal from housing Idaho agencies and local officials. Idaho Housing and Finance Association President Gerald Hunter told the Idaho Statesman that his organization is currently accepting proposals from developers on the project and hopes to break ground late next year.

[Hyperlink to Above](#)

1.2 - Portland Press Herald: [Veterans' lawsuit against Togus VA hospital can move ahead, judge rules](#) (23 February, Edward D. Murphy, 2.1M uvm; Portland, ME)

A lawsuit alleging mistreatment of veterans' ankle and foot problems at the Veterans Affairs hospital in Togus can go forward, a federal judge ruled Friday. The ruling by U.S. District Judge Jon Levy will allow suits for five of the six vets to move ahead after Levy had dismissed the cases two years ago, ruling that a statute of limitations had expired before the suits had been filed.

[Hyperlink to Above](#)

1.3 - Stars and Stripes: [Congressman on VA caregiver benefits: 'We can do this right'](#) (23 February, Nikki Wentling, 1.5M uvm; Washington, DC)

Congress is now working on a way to give more help to caregivers of veterans injured before the 9/11 terrorist attacks. It took seven years of pressure from advocates to get to this point. Groups pushing lawmakers to end what they call an unfair discrepancy between veterans injured before and after 9/11 contend negotiations – stalled for years because of the high cost of expanding benefits to more families – are coming to a critical point.

[Hyperlink to Above](#)

1.4 - Government Executive: [Senators Try Yet Again to Crack Down on VA's Senior Executives](#) (23 February, Eric Katz, 870k uvm; Washington, DC)

In 2014, the top career executives at the Veterans Affairs Department faced a new process to expedite their removal under a measure signed into law by President Obama. Last year, President Trump signed a new law replacing that authority and again creating a separate, faster track for VA to fire Senior Executive Service employees. In between, SESers faced restrictions on their bonuses.

[Hyperlink to Above](#)

1.5 - WUSF (NPR-89.7, Audio, Video): [Bay Pines VA Helping Military Sexual Trauma Survivors](#) (23 February, Bobbie O'Brien, 197k uvm; Tampa, FL)

The Department of Defense estimates 14,900 service members experienced some kind of sexual assault in 2016 - its most recent report. But because of the stigma - many wait decades before they get help - usually from the VA. So it's no surprise, the average age is 45 for women and 50 for men for veterans entering the Bay Pines VA Center for Sexual Trauma Services in St. Petersburg.

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2. Greater Choice for Veterans

2.1 - WFED (AM-1500): [VA privatization 'is a very real issue right now,' American Legion says](#) (23 February, Nicole Ogrysko, 831k uvm; Washington, DC)

Recent reports of internal squabbles between top leaders at the Veterans Affairs Department and White House appointees have the nation's largest veterans service organization actively reinforcing its message about the Veterans Choice Program.

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2.2 - Modern Healthcare: [Senate agrees to White House tweaks to accountability in VA Choice reforms](#) (22 February, Susannah Luthi, 460k uvm; Chicago, IL)

A VA Choice program change that would require VA facilities to meet certain standards to qualify as preferred treatment centers has been negotiated as part of bipartisan Senate legislation after months of work by the Trump administration, a key senator and even the Koch brothers.

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2.3 - The Greeneville Sun: [Investing In America's Veterans](#) (23 February, Rep. Phil Roe (R-Tenn.), 71k uvm; Greeneville, TN)

One of the greatest privileges I've had since coming to Congress is chairing the House Committee on Veterans' Affairs. Over the last year, we've made great strides toward reforming the U.S. Department of Veterans Affairs, but there is still hard work ahead.

[Hyperlink to Above](#)

3. Modernize Our System

3.1 - WIS (NBC-10, Video): [Dorn VA Medical Center to soon get more parking](#) (23 February, Jenna Cisneros, 859k uvm; Columbia, SC)

The Dorn Veterans Affairs Medical Center will be adding more parking spaces for the hospital. An 80-million dollar package aimed at improving the center begins with their first project of adding a new, three and a half story parking garage that will add an additional 278 parking spaces.

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3.2 - WFED (AM-1500, The Coalition for Government Procurement): [The real best value of raising the MPT and SAT](#) (23 February, Roger Waldron, 831k uvm; Washington, DC)

As you know, the FY18 National Defense Authorization Act raised the micro-purchase threshold (MPT) for civilian agencies to \$10,000 (the MPT remains at \$5,000 for DoD) and raised the simplified acquisition threshold (SAT) for all agencies to \$250,000. While much of the acquisition "buzz" around last year's NDAA focused on Section 846 and e-Commerce, raising the MPT and the SAT will have an immediate and significant impact in streamlining acquisition operations and supporting agency mission needs.

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3.3 - Health Data Management: [VA, DeepMind partner to find risk factors of patient deterioration](#) (23 February, Greg Slabodkin, 143k uvm; Chicago, IL)

The Department of Veterans Affairs has partnered with artificial intelligence vendor DeepMind to develop machine learning algorithms that accurately identify risk factors that could lead to the deterioration of hospitalized patients, enabling clinicians to intervene before their conditions worsen.

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3.4 - News Tribune: [Officials break ground on new, improved VA clinic](#) (24 February, Joe Gamm, 64k uvm; Jefferson City, MO)

Veterans' need for outpatient services in rural Missouri continues to grow, and the Department of Veterans Affairs is stepping in to help. About 60 people gathered Friday afternoon for a groundbreaking ceremony for an expanded Community-Based Outpatient Clinic at 3430 W. Edgewood Drive in Jefferson City.

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3.5 - Healthcare Analytics News: [VA Plans to Use AI to Track Deteriorating Health in Veterans](#) (23 February, Ryan Black, 17k uvm; Cranbury, NJ)

Under Secretary David Shulkin, MD, the Department of Veterans' Affairs (VA) has made a conscious effort to become more tech-savvy. This week, it took another step in that direction by announcing a partnership with Google-owned machine learning and artificial intelligence (AI) firm DeepMind.

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3.6 - KSJD (NPR-91.5, Audio): [A New Veterans Outreach Center Building In Cortez](#) (23 February, Tom Yoder, 400 uvd; Cortez, CO)

In this episode of KSJD's monthly Veteran's Affairs program, Tom Yoder talks with Darla Sanders, Director of the Cortez Veterans Public Outreach Center, about the recent relocation of the center, what services the center provides, and how the new location will better serve area vets.

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4. [Focus Resources More Efficiently](#)

4.1 - The Hill: [Veterans Health Administration needs stronger recruitment methods](#) (23 February, Suzanne Gordon, 11.8M uvm; Washington, DC)

Two hundred members of the American Federation of Government Employees, the union that represents staff at the Veterans Health Administration (VHA), recently rallied at the VA's DC headquarters.

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4.2 - National Review: [There's a Trust Crisis in Government. It Must Be Fixed](#) (23 February, Cathy McMorris Rodgers, 11.8M uvm; New York, NY)

If you were to ask Americans if they trusted the government to do the right thing, the likely answer is a big, fat No. According to Pew Research, only 3 percent of Americans say they trust that the government will do the right thing “all the time.”

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4.3 - Lowell Sun: [Reps press for hearing on Bedford VA hospital](#) (23 February, Todd Feathers, 320k uvm; Lowell, MA)

If three Massachusetts legislators get their way, there will soon be a congressional hearing on the mismanagement of the Bedford VA hospital. U.S. Reps. Niki Tsongas, Seth Moulton and Katherine Clark have called for their colleagues on the House Committee on Veterans Affairs to hold a field hearing at the Edith Nourse Rogers Memorial Veterans Hospital following a rash of scandals.

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5. [Improve Timeliness of Service](#)

5.1 - Los Angeles Times: [The VA's anti-marijuana hysteria doesn't help veterans with PTSD](#) (23 February, Michael Gross and Mary Rouse, 23.9M uvm; Los Angeles, CA)

To the editor: The federal government ought to respect the wishes and sacrifices of our military veterans. ("Should veterans be allowed to use medical marijuana for post-combat stress? The Trump administration says no," Feb. 9)

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5.2 - WFLA (NBC-8, Video): [Congressman demands answers after VA computer stops veteran's prescription for brain injury](#) (23 February, Steve Andrews, 702k uvm; Tampa, FL)

A Target 8 investigation recently revealed prescription problems at the VA hospital in Bay Pines. Tom Barr, a 70-year-old Air Force veteran was admitted to Bill Young Medical Center after he suffered a traumatic brain injury four years ago. His daughter and caregiver Brandye Jackson says he takes Methyphenidate or Ritalin to keep his brain firing at the right rate.

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5.3 - WRIC (ABC-8, Video): [One of the nation's largest veterans groups joins call to end dog testing](#) (23 February, Kerri O'Brien, 487k uvm; Richmond, VA)

American Veterans (AMVETS), one of the nation's largest veterans groups with 250,000 members, told Congress Friday they support efforts to phase out taxpayer funding for “antiquated canine research” at the Department of Veterans Affairs. In a letter, the group writes, “the drawbacks have far outweighed the benefits for quite some time.”

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6. [Suicide Prevention](#)

6.1 - The Wall Street Journal: [AI Helps Identify People at Risk for Suicide](#) (23 February, Aili McConnon, 43.5M uvm; New York, NY)

In late January, a 60-year-old woman in northern Argentina posted on Facebook : “This can’t go on. From here I say goodbye.” Within three hours, a medical team reached the woman and saved her life—thanks in part to advances in artificial intelligence. The post caught the attention of Facebook’s AI system, which is programmed to spot potential suicidal language

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6.2 - UVA Today: [Student Team Hacking Into Problem Of Veteran Suicide](#) (23 February, Fariss Samarrai, 2.4M uvm; Charlottesville, VA)

Veteran suicide is a pressing national issue in the United States. While veterans make up just under 9 percent of the U.S. population, they account for more than 18 percent of all suicides. To help address the issue, the Northern Virginia Technology Council is sponsoring a University Challenge “hackathon” Wednesday in McLean at its Capital Data Summit, to present ways that big data analysis can be used to address a serious national challenge.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Buffalo News: [Editorial: Build the cemetery](#) (24 February, Editorial Board, 1.5M uvm; Buffalo, NY)

One of the last and possibly most important ways to show veterans who honorably served this country respect is to give them a fitting final resting place. For far too long, such a place did not exist within range of Western New York. The omission was glaring for families who had to drive far out of their way to Bath, about 100 miles southeast of Buffalo.

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7.2 - WLTX (CBS-19, Video): [Homeless Veteran Receives Proper Funeral From Community](#) (23 February, Nic Jones, 833k uvm; Columbia, SC)

A veteran who was homeless passed away in a Lexington County park was honored Friday with a proper funeral held by members of the community. It’s never easy to say goodbye. It’s even harder when the people who have passed on seem forgotten. As motorcycles poured into Fort Jackson National Cemetery, emotions began to rise thinking about the three previously unclaimed veterans.

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7.3 - WFED (AM-1500, Audio): [Veterans Employment initiative: What’s working, what’s not, and how to move forward](#) (23 February, David Thorton, 831k uvm; Washington, DC)

Experts have declared the Veterans Employment initiative a success in terms of bringing veterans into federal employment. But now the program is stalling, and those experts say it’s time to shift focus away from broad hiring initiatives, and toward more concentrated efforts to boost their distribution through more diverse agencies, and increase retention and engagement.

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7.4 - Times-Herald: [National Cemetery Administration: We’re here for our veterans](#) (23 February, 104k uvm; Vallejo, CA)

Responding to the Times-Herald article, "Petition to get federal government to own the Mare Island Cemetery now circulating," published on Feb. 13: The Mare Island Cemetery was transferred from the Department of the Navy to the City of Vallejo in 1996 and has never been under the jurisdiction of the Department of Veterans Affairs National Cemetery Administration (NCA).

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7.5 - Elko Daily Free Press: [Heller to propose VA cemetery in Elko](#) (23 February, Suzanne Featherston, 92k uvm; Elko, NV)

If a veteran living in Elko wants to be buried in a VA national cemetery, the only in-state options are in Boulder City and Fernley. Sen. Dean Heller hopes to change that by passing a bill through Congress to establish a VA national cemetery in Elko, and he asked for support from the Elko County Board of Commissioners.

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7.6 - Gainesville Daily Register: [Providing homeless veterans with housing works](#) (23 February, Thomas Wisnieski, 37k uvm; Gainesville, TX)

Recently our team from the North Florida/South Georgia Veterans Health System had the opportunity to join our community partners in Gainesville for the annual point-in-time count. The entire senior leadership team, the associate chief of staff for mental health, homeless program leaders and front-line staff joined the effort at 5:30 a.m. with a goal of counting our local homeless population and connecting them to services to end their homelessness.

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8. [Other](#)

8.1 - Arkansas Democrat-Gazette: [Lawsuit against VA dismissed. Business owner challenged notice about federal contracts](#) (23 February, Linda Satter, 865k uvm; Little Rock, AR)

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Homeless Veterans Could Get New Homes in Idaho](#) (23 February, 24M uvm; Washington, DC)

BOISE, Idaho (AP) — Homeless veterans could get housing and access to health care and other services under a proposal from housing Idaho agencies and local officials.

Idaho Housing and Finance Association President Gerald Hunter told the Idaho Statesman that his organization is currently accepting proposals from developers on the project and hopes to break ground late next year. The building, which would be the state's first permanent supportive housing for chronically homeless veterans, is expected to be complete by the end of 2020.

Hunter said the housing project could end up anywhere in Idaho, depending on the proposals that are submitted. But Boise city officials are already working on a funding plan, hoping the project will be built there.

The Idaho Housing and Finance Association plans to cover about \$3.6 million of the project's estimated \$5 million cost by selling federal tax credits the IRS uses to promote low-income housing. Investors, many of them banks, buy them with cash and recover their money over time.

Mayor Dave Bieter said the city of Boise would contribute \$500,000, with half coming from its own coffers and half from federal housing-assistance money it administers on behalf of the U.S. Department of Housing and Urban Development. Bieter said he was confident the city council would fund the project. Private donations of about \$1 million would cover the rest of the cost under a fundraising effort Bieter said his office would spearhead.

The U.S. Department of Veterans Affairs, which operates the Boise VA Medical Center, would pay for supportive services under the plan.

"All those resources are really significant in their effort to put a project in Boise," Idaho Housing and Finance Association President Gerald Hunter said.

Veterans make up about 14 percent of Ada County's homeless population, according to the most recent estimates.

Deanna Watson, executive director of the Boise City/Ada County Housing Authority, said her agency provides close to 200 federally funded vouchers that help veterans pay rent. Still, at any given time about 25 veterans who have those vouchers can't find a place to live because the housing market is tight and many landlords give preference to tenants who don't need public assistance.

A stable home would help homeless veterans, especially those recently discharged from the military who are at risk of falling in with a chaotic, drug- and alcohol-abusing crowd, said Raymond Simmons, a 62-year-old former U.S. Army paratrooper who has been homeless in Boise for most of the last six years.

"It really is hard on them," Simmons said. "They're looking for an escape from what they were in, and they're just getting to a place where it's just as bad, truly. There isn't maybe gunfire or anything like that, but you have fights all the time out here."

Simmons said he'd probably turn down an offer of a free apartment because he wouldn't want to take it from someone else.

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1.2 - Portland Press Herald: [Veterans' lawsuit against Togus VA hospital can move ahead, judge rules](#) (23 February, Edward D. Murphy, 2.1M uvm; Portland, ME)

A lawsuit alleging mistreatment of veterans' ankle and foot problems at the Veterans Affairs hospital in Togus can go forward, a federal judge ruled Friday.

The ruling by U.S. District Judge Jon Levy will allow suits for five of the six vets to move ahead after Levy had dismissed the cases two years ago, ruling that a statute of limitations had expired before the suits had been filed.

The vets claimed that the poor treatment they were given by a podiatrist at Togus left them with severe pain that limited their ability to walk. In one case, other VA doctors amputated one veteran's leg, concluding that was the only way to relieve her pain after two surgeries were unsuccessful.

The VA eventually reviewed the cases handled by the podiatrist and called in dozens of veterans to tell them that their ailments had been handled badly and discuss how to move forward.

The six veterans filed their suits against the VA shortly after that disclosure, but in the previous ruling, Levy said they had failed to file them within three years of the treatment that caused their problems. However, in that ruling, he allowed the veterans to pursue an argument that the mistreatment had been "fraudulently concealed" from them.

He held oral arguments on the concealment issue in October.

In his ruling Friday, Levy essentially found that the issue of fraudulent concealment and the basic complaints in the cases are "inextricably intertwined," could not be decided separately and that the six-year statute of limitations in case of fraudulent concealment applied. All the suits were filed within a year or two of the meetings with VA officials in which the veterans learned of the alleged mistreatment.

"It's very good news. I'm ecstatic to hear it," said April Wood, the veteran whose leg was amputated after the failed surgeries.

Wood, who has moved from Maine to Missouri, shattered her ankle during a fall while in basic training in 2004. After the first surgery, in which a metal plate and eight screws were inserted in her ankle, the podiatrist, Dr. Thomas Franchini, told her she had "mushy bones." He operated a second time, inserting more screws. Other VA doctors later removed Franchini's hardware and inserted a piece of bone from a cadaver and more screws. Finally, in 2012, doctors determined

the only way Wood would get relief from the pain was an amputation and, a year later, VA officials at Togus called her in to tell her that her care had been substandard.

The other vets had similar tales, although none of the others involved amputations.

One of the suits, by Andy Korsiak of Troy, was essentially dismissed by Levy Friday because Korsiak wasn't treated by Franchini following his surgery in 2007.

Korsiak's lawyer, Celine Boyle, said she would review her options to see if there was some way to revive that case. Boyle also represents two other veterans whose suits will now go forward.

Franchini has sued the Portland Press Herald, three other publications and four reporters, alleging stories on the lawsuits and allegations against him and the VA libeled him.

Andrew Lizotte, the lead U.S. Attorney defending the federal government in the case, declined comment.

In a separate order issued Friday, a trial start date of May 8 was set, although that could be changed as the cases move forward.

David Lipman, Wood's lawyer, said he was happy with the ruling.

"It's a good step forward because we can go to trial on the case and it's a very complex case," he said.

Boyle, too, said she was happy with the ruling, although disappointed that one of her clients might not get a day in court.

"I'm happy to be walking this road with these veterans," she said.

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1.3 - Stars and Stripes: [Congressman on VA caregiver benefits: 'We can do this right'](#) (23 February, Nikki Wentling, 1.5M uvm; Washington, DC)

Congress is now working on a way to give more help to caregivers of veterans injured before the 9/11 terrorist attacks. It took seven years of pressure from advocates to get to this point.

Groups pushing lawmakers to end what they call an unfair discrepancy between veterans injured before and after 9/11 contend negotiations – stalled for years because of the high cost of expanding benefits to more families – are coming to a critical point.

"Everybody is talking about how to do this, rather than questioning whether we should," said Adrian Atizado, deputy national legislative director with Disabled American Veterans.

In 2010, Congress created the VA caregiver program for veterans who sustained serious injuries after 9/11. Approximately 26,000 caregivers who are enrolled in the program receive monthly stipends, as well as other benefits, such as medical training, counseling and respite care.

But spouses such as Jason Courneen – who has been caring for his wife for two decades – don't meet the criteria for assistance. Alexis Courneen suffered a traumatic brain injury while serving in the Coast Guard in 1998. Jason Courneen said he felt “isolated” and had to learn by himself the skills necessary to be a caregiver.

“That really needs to change,” he said last year on Capitol Hill.

Major veterans organizations – such as Disabled American Veterans, Elizabeth Dole Foundation and the American Legion – have been fighting to expand benefits to all veteran caregivers. In December, a handful of groups presented lawmakers with a printed petition containing 182,000 signatures of people supportive of the expansion.

Now, there's opportunity to reach a compromise.

So far, the Senate and VA have proposed different ideas of how to expand caregiver benefits without escalating costs.

And Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs, is working on his own legislation to expand the program, using input from the VA. The next step is a roundtable discussion on the legislation scheduled for March 6 with House and Senate lawmakers.

“I do see a pathway forward where we can do this right and get this done,” Roe said Feb. 6 during a congressional hearing. “Getting it done this year would be my goal.”

The Senate's version is included in a larger VA reform bill that's been stalled since November. Instead of opening up the program to everyone at once, the measure would first make benefits available to veterans injured before May 7, 1975 – with the intent to immediately get help to all caregivers of Vietnam War-era veterans. Two years later, veterans between 1975 and 2001 would be eligible.

The Congressional Budget Office estimated the measure would cost \$3.4 billion over five years to implement. Officials with President Donald Trump's administration told Congress last month that the White House couldn't support the expansion because of fiscal restraints.

VA Secretary David Shulkin explained another option to lawmakers earlier this month. He proposed limiting eligibility for the caregivers program to the most severely injured and ill veterans in order to expand it to veterans of all eras without inflating costs. Under his plan, eligibility would be restricted to veterans with the highest clinical need, who require help with at least three activities of daily living, such as eating, bathing and dressing.

The 26,000 caregivers already enrolled into the program should still receive the benefit with the old rules, Shulkin said, but the new rules would apply to all new enrollees.

If the program were expanded with the current eligibility rules, the VA would enroll 188,000 caregivers in the next 10 years, the VA estimated. With proposed restrictions, the number of caregivers receiving assistance would grow to only 40,000 in the next 10 years. The agency predicted it would avoid about \$2.5 billion in implementation costs.

Atizado said Disabled American Veterans would support any proposal that allows more caregivers to receive assistance, but added the group would continue fighting until help is available to all veteran caregivers who need it.

"We're open to any proposal that will get caregivers the support they need today," Atizado said. "This is not what we believe is the complete and full solution, which is that everyone should be eligible. But we've been trying that approach for seven years. This gradual approach seems more reasonable to members in Congress, and we've been garnering more support and progress than we ever have."

After the roundtable March 6, Roe plans to hold a public hearing on his legislation and have the House committee vote on whether to advance it to the full House.

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1.4 - Government Executive: [Senators Try Yet Again to Crack Down on VA's Senior Executives](#) (23 February, Eric Katz, 870k uvm; Washington, DC)

In 2014, the top career executives at the Veterans Affairs Department faced a new process to expedite their removal under a measure signed into law by President Obama. Last year, President Trump signed a new law replacing that authority and again creating a separate, faster track for VA to fire Senior Executive Service employees. In between, SESers faced restrictions on their bonuses.

Now, a bipartisan pair of senators is taking one more crack at boosting oversight of VA's highest-ranked civil servants.

Sens. Thom Tillis, R-N.C., and Angus King, I-Maine, introduced earlier this month the VA Senior Executive Accountability Act (S. 2382) to provide additional transparency for SES reassignments. The benefits of the measure would be twofold, the lawmakers said, as it would help eliminate executives who use reassignments for personal gains and prevent the department from moving managers around rather than disciplining them.

The senators said they are concerned about the Appraised Value Offer Program, which VA uses to recruit and relocate employees for mission critical positions. The program is run by a private company that contracts with the General Services Administration to help employees who are relocating to find a purchaser for their old home. The company will buy it outright for a fair market price if a third-party buyer is not identified quickly enough.

An inspector general report in 2015 found VA's senior executives were improperly taking advantage of the program and other relocation incentives for their own financial gains. Diana Rubens, senior executive director of the Veterans Benefits Administration's Philadelphia office, was accused of abusing her authority to secure a transfer from Washington, D.C., to her current position, along with nearly \$310,000 in relocation costs, including more than \$200,000 through AVO. The IG report led to VA suspending the AVO program, but the department reinstated it in November 2016.

"Unfortunately, there have been several instances in recent years where VA executives have fallen short of their duties to the vets they were meant to serve," King said.

A Government Accountability Office report released last year said VA has taken steps to tighten its internal controls over its use of the program, but found the department does not adequately track the program's usage in order to better inform future decision-making on its deployment.

The reauthorization of the program was done "quietly" and with no "implementation policy to avoid abuse," according a report on a companion to the Senate bill in the House, where it has already passed unanimously. The measure would require the VA secretary to approve all SES reassignments "to ensure that such moves are justified and are in the best interest of the department, veterans and taxpayers." VA would also report to Congress semiannually to update it on all senior executives who were reassigned and the associated costs.

In addition to shining a light on potential abuses in spending, lawmakers said the increased scrutiny would inhibit VA leaders from transferring SES employees to different positions rather than taking them through the disciplinary process.

"Senior VA executives should not be using their positions for personal gain nor should the VA be using reassignments in place of disciplinary action or firing senior executives who have acted improperly," Tillis said. "The VA Senior Executive Accountability Act is a bipartisan effort to address these problems by improving transparency and accountability within the VA and ensuring our veterans are being provided the best people to give them the care they need and deserve."

A markup for the bill in the Senate Veterans' Affairs Committee was postponed and has not yet been rescheduled.

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1.5 - WUSF (NPR-89.7, Audio, Video): [Bay Pines VA Helping Military Sexual Trauma Survivors](#) (23 February, Bobbie O'Brien, 197k uvm; Tampa, FL)

The Department of Defense estimates 14,900 service members experienced some kind of sexual assault in 2016 - its most recent report. But because of the stigma - many wait decades before they get help - usually from the VA.

So it's no surprise, the average age is 45 for women and 50 for men for veterans entering the Bay Pines VA Center for Sexual Trauma Services in St. Petersburg.

The delay seeking treatment is in part due to the increased level of power and control associated with military sexual trauma said Jessica Keith, a clinical psychologist and manager of the Bay Pines sexual trauma center.

"The perpetrators are often someone in the command line, someone with power. And power not only to ruin someone's career, to impact their standing in the military," Keith said. "We also have to remember these are people with weapons who are trained to use them. So, it can be terrifying when you're sexually traumatized in the military."

And there's added pressure on young recruits because reporting a sexual assault or continued sexual harassment of a fellow service member could be considered a betrayal.

"If they're in your unit, you're told that these are your brothers and sisters, this is your family, that they're supposed to have your back," said Keith. "So, what does it mean when someone is supposed to have your back is the same person who sexually assaults you? It really increases the severity of the trauma on that person."

The Bay Pines program for military sexual trauma survivors takes on those severe cases.

Survivor Jacque Thorington, 53, is an Army veteran and said she felt betrayed and ashamed when a military superior assaulted her decades ago. But she covered up her symptoms using alcohol and prescription drugs.

When she finally went to the VA for help, the outpatient treatment wasn't frequent enough and it required a five-hour, round-trip commute from her home in New Mexico.

"I needed specialized care. And I knew that things were really going wrong," said Thorington who entered the Bay Pines residential program in January. "I was very depressed. I was suicidal. I couldn't function at work anymore. I really thought that my world was done, that I, I was going to kill myself."

In the intense Bay Pines program, she meets with a therapist twice a week for prolonged exposure therapy - where she retells the story of her assault over and over until the strong fear associated with the memory decreases.

Seven days a week, she's in a group session with the other 15 women and men in the program. They often go on field trips to be exposed to "real life" situations like a crowded mall. That's helping Thorington, who said she hadn't left her bedroom for months prior to arriving at Bay Pines.

After just a few weeks, Thorington said she's noted a big difference and is looking forward to enjoying the rest of her life, "and not be looking over my shoulder anymore."

The Bay Pines program is designed to reintegrate veterans back into their community, their work and their personal relationships.

When Army veteran Gail Bethel, 54, entered the program last winter, what she wanted most was a better relationship with her daughter.

Bethel said she became pregnant after being raped on base by an unknown assailant in the early 1980s. It took more than 30 years before she got treatment and graduated from Bay Pines earlier this year.

Her proudest moment came New Year's Eve when her daughter called her 'Mom' for the first time during a phone call, "because she never called me Mom before. She used to call me by my name, or lady. Now she calls me mom."

New Year's also marked another victory for Bethel, who Keith called a "role model" for the program.

"We have a motto we borrowed from Gandhi, 'Be the change you want to see in the world,'" Keith said. "She (Bethel) took it upon herself to organize events for all the veterans here. She

organized a New Year's Eve party for them all. She kept planning events. Part of her recovery is building that community and she actively sought that out."

Bay Pines treats about 100 veterans a year in the residential program and another 400 as outpatients for military sexual trauma.

Psychiatrist Dr. Alfonso Carreno, chief of Bay Pines Mental Health and Behavioral Sciences, said he's seen veterans become more open about sexual trauma during his 17 years there.

"So now, we have more males coming forward that are being assessed for military sexual trauma which in the past it was a no-no in the military to share those experiences," Carreno said, adding that men make up about half of all the military sexual assault survivors.

Carreno said because their program is coed, veterans tend to be quicker at re-entering society which has both men and women.

Surveys of Bay Pines program graduates, according to Keith, show that 90 percent or more "have a clinically significant drop in their PTSD and depression symptoms."

Both Carreno and Keith attribute that success to letting veterans set their own goals.

"We ask them what do they want to see different in their life? For some veterans, it might be straightforward, they want fewer nightmares they want less PTSD symptoms, but others want something very different," Keith said.

Bay Pines established the first VA coed, residential program for military sexual trauma in 2000 and it remains one of only a handful in the VA system.

But every VA medical center has a military sexual trauma coordinator to assist veterans.

And the VA expanded eligibility for veterans who experienced military sexual trauma thanks to the Veterans Access, Choice and Accountability Act of 2014.

Veterans who experienced sexual assault or sexual harassment while on active-duty are eligible for free VA treatment even if they did not report the assault while in the military or lack documentation.

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2. Greater Choice for Veterans

2.1 - WFED (AM-1500): [VA privatization 'is a very real issue right now,' American Legion says](#) (23 February, Nicole Ogrysko, 831k uvm; Washington, DC)

Recent reports of internal squabbles between top leaders at the Veterans Affairs Department and White House appointees have the nation's largest veterans service organization actively reinforcing its message about the Veterans Choice Program.

The American Legion is adamantly speaking out against proposals that may move the VA's health system in the direction of privatized care.

"Privatization is a very real issue right now," Verna Jones, executive director for the American Legion, told reporters at the National Press Club Friday morning.

"This isn't something we can sit idly by and hope that it doesn't happen," she added. "We have to make sure that we're out creating programs, talking to our lawmakers to make sure that privatization doesn't happen."

If too many dollars from the VA budget go toward paying private health care providers, the Legion said it fears the department will be forced to turn away veterans seeking care from a VA medical facility.

"It's prohibitively expensive," said Lou Celli, the Legion's national veterans affairs director. "We can't see the number of veterans that VA sees on a regular basis if we're going to pay the same rates that other health care industries pay in the community. One of the things we're most concerned about is an increased contracting out, when we should be able to do that on VA campuses that will deplete the amount of money that's available to see veterans."

Though both the House and Senate Veterans Affairs Committees spent much of 2017 working with the Legion and other veterans service organizations on a variety of ideas detailing a future VA Choice program, lawmakers in both chambers punted the issue to 2018.

Many of the committees' discussions were bipartisan. The Caring for Our Veterans Act had the support of nearly all members on the Senate VA Committee. That legislation cleared the committee with a 14-1 vote.

But Congress so far this year has used a series of short-term funding extensions to keep the Choice program afloat without a new legislative alternative. And the White House has submitted its own suggestions on new legislative language to include in a bill.

Lawmakers have been unable to agree how to pay for the next iteration of the Choice program. Additional arguments over the eligibility requirements for Choice are another holdup.

The Legion, however, is holding strong on its message.

"I certainly understand that we have many veterans across the nation who live in remote areas and it's hard for them to get to a VA facility, and others may be near an over-crowded VA center that hasn't done an acceptable job of managing the wait times," American Legion Cmdr. Denise Rohan told reporters. "Choice, when it's run effectively, is an important component overall in our VA health care system. But that choice should not lead to a private system that would break the solemn promise that we as a nation have made to those who defended our freedoms."

"Our veterans put their lives on hold," Rohan added. "They put their lives on the line for the red, white and blue, not Blue Cross Blue Shield."

The Legion was one of the first of the "big six" veterans service organizations to release statements in support of VA Secretary David Shulkin, who has come under scrutiny in recent weeks after the department's inspector general faulted him for improperly mixing government work and sightseeing during a trip to Europe last summer.

“VA Secretary Shulkin has promised to resist efforts to privatize his department, and we fully support him in trying to stop the well-funded lobbying efforts from doing just that,” said Rohan, who added that she was pleased with the strides the secretary has made so far during his first year on the job.

The Legion is one of a handful of veterans service organizations who will present their legislative priorities to the House and Senate VA committees next week.

In addition to its message on Choice, the Legion will also encourage VA not to lose focus as it continues to implement a new electronic health record that’s interoperable with the Defense Department, Rohan said.

VA’s progress and success means a great deal to the Legion, Rohan said. Years of bad press at the agency has worsened morale and pride for VA’s employees.

Hospital administrators have told the Legion they’re having difficulty recruiting and retaining top talent to work at their medical centers, Rohan said.

“There is a concern that the VA hospitals are getting such bad press, that they’re having issues filling some of the staffing positions,” she said. “They’re having those issues.”

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2.2 - Modern Healthcare: [Senate agrees to White House tweaks to accountability in VA Choice reforms](#) (22 February, Susannah Luthi, 460k uvm; Chicago, IL)

Corrected story

A VA Choice program change that would require VA facilities to meet certain standards to qualify as preferred treatment centers has been negotiated as part of bipartisan Senate legislation after months of work by the Trump administration, a key senator and even the Koch brothers.

Myriad other issues remain on the table to be worked through, but this tweak is a compromise that veers from what Veterans Affairs Secretary Dr. David Shulkin publicly endorsed last month. It also has awakened concerns that the measure could accelerate privatization of the VA’s healthcare system, particularly in light of the involvement of the political action committee of Concerned Veterans for America, a not-for-profit funded by conservative mega-donors Charles and David Koch.

The proposed reforms would significantly expand the private sector’s role in VA healthcare. The patient and provider would now be able to decide whether to opt for community care, technically opening up VA Choice eligibility to all veterans. Currently, fewer than 1 million veterans receive care through the Choice program, which offers eligibility to any veteran facing wait times of 30 days or more or 40-mile travel time to a VA clinic.

In the soon-to-be-inked deal, the Senate Veterans’ Affairs Committee proposes making VA facilities responsible for meeting access standards set by the VA secretary. If a facility can’t, the patient can seek out a community provider if both patient and a VA provider or an authorized

provider in the community working closely with VA deem that a better option than a VA facility. It's a significant technical change to bipartisan legislation passed out of the Senate VA Committee in December, which originally gave the VA secretary discretion to relax restrictions to community care, but did not require through statute that a VA facility meet the secretary's so-called designated access standards.

The change came at the urging of the White House, according to documents obtained by Modern Healthcare. It also had support from Concerned Veterans for America and Sen. Jerry Moran (R-Kan.). A Senate aide confirmed that the provision would be incorporated into the final legislation.

Senate committee leaders hope to bring the legislation to Senate floor very soon for a vote of unanimous consent.

The Senate's final bill comes after months of behind-the-scenes conflict over the access standards issue.

The Senate and House committees of jurisdiction voted to advance VA Choice reforms in early December, but even then lawmakers and the administration clashed over the technicalities of granting more access to the VA Choice program while not hurting or under-using VA facilities.

Moran not only dissented against the committee legislation, he also introduced his own version—with a provision similar to the one offered by the White House.

Concerned Veterans for America, which had been campaigning to expand VA Choice for months, threw its weight behind the Moran bill.

"This bill is an important step toward stabilizing the current VA medical system and ensuring quality and timely care for our veterans," the group's executive director, Dan Caldwell, said in a statement. "This legislation would also provide more healthcare options for veterans who use the VA and ensure that veterans aren't trapped in failing VA hospitals. We strongly support this legislation and urge all senators to do the same."

The VA Choice reforms stalled in January, and President Donald Trump called out the program in his State of the Union address. The White House jump-started legislative talks again with its own list of proposals, which included the Moran provision to hold VA facilities accountable for meeting the access standards—a move also applauded by the active Concerned Veterans for America.

But tensions continued to simmer, and came to a head in a hearing last month when Moran sharply rebuked VA Secretary Shulkin, who also served under President Barack Obama, for what he called a two-faced approach to Moran's demand for a specific clause in the legislation to guarantee veterans' option to leave the VA facility if access standards weren't met.

"Our inability to reach agreement is due to your double talk," Moran said.

Shulkin called the characterization "grossly unfair" and said his stance alongside the Senate committee's original bill came from trying to do right by veterans as well as the VA while also making sure the patients can make their choice of provider "based on their clinical needs."

"I don't believe we are at a far away position here," Shulkin said, framing the debate as one of implementation.

Moran pushed back, saying that if holding facilities accountable remained a matter of the department's regulation instead of law, "nothing will change."

Ultimately, the revised provision for eligibility, which Shulkin consulted on, is a win for Moran. It follows last week's reports from the New York Times and Washington Post that detailed the inner-department turmoil at the VA. The politicking has pushed Shulkin into an increasingly difficult position, according to the reports.

The news stories, which also trace Concerned Veterans For America's involvement in the VA Choice debate, have raised hackles even among lawmakers who have worked on and supported the reform efforts in Congress.

The reports "confirm what many of us in the veterans community have long speculated: that the Koch brothers and corporate interests are at the center of an effort to take over and privatize VA to make money," the House Veterans Affairs Committee's ranking Democrat, Tim Walz of Minnesota, said in a statement last week. Walz is also a veteran. "This behavior is disturbing, represents the worst of Washington politics, and must be brought to a swift and decisive end."

Concerned Veterans for America did not respond to a request for comment about its lobbying efforts.

While the leaders of the Senate VA Committee, Sens. Johnny Isakson (R-Ga.) and Jon Tester (D-Mont.) want to bring the finished bill to the floor as soon as possible, House policymakers still haven't worked out how to pay for their parallel version, according to an aide.

House VA Committee Chair Dr. Phil Roe (R-Tenn.) told Modern Healthcare last week he hopes to conference the chambers' two bills and then they will look for a vehicle for final passage.

The next vehicle is the spending omnibus bill expected in March.

Dave McIntyre, CEO of TriWest — a third-party contractor with the Defense Department and now with VA Choice—acknowledged that the sticking points over the issue of access are difficult because no one wants the VA facilities to lapse or the government's investments to go to waste.

TriWest's business is booming with VA Choice. The company just processed its 10 millionth VA Choice claim and sees thousands of new veterans coming in each day. The western region covers 28 states and TriWest has 200,000 providers under contract within those states.

The network and size would continue growing under the new reforms.

"This is about resetting the VA for this generation and the next," McIntyre said. "This is the hardest thing we have ever been involved in."

An edited version of this story can also be found in Modern Healthcare's Feb. 26 print edition.

An earlier version of the story referred to TriWest as a division of TriCare, which is not the case. The story has also been updated to clarify VA Secretary David Shulkin's involvement in crafting the White House asks.

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2.3 - The Greeneville Sun: [Investing In America's Veterans](#) (23 February, Rep. Phil Roe (R-Tenn.), 71k uvm; Greeneville, TN)

One of the greatest privileges I've had since coming to Congress is chairing the House Committee on Veterans' Affairs. Over the last year, we've made great strides toward reforming the U.S. Department of Veterans Affairs, but there is still hard work ahead.

One of the most important items on our agenda is ensuring veterans get access to timely care, regardless of whether that care is at a VA hospital or a facility in the community. As the committee works to improve the quality and timeliness of care that veterans receive, my priority is ensuring benefits are never delayed, dismantled or reneged upon. With that said, reforms that ensure timely access to care are not without cost, which is why I am in the process of closely examining the president's budget request.

Last week, I held an oversight hearing with VA Secretary David Shulkin to review the budget request for Fiscal Year 2019. In his budget proposal, President Trump requested \$198.6 billion in funding for the department, an increase of nearly \$12 billion — which is 6 percent over FY 18. While this number seems rather large, it's even more striking when compared to the growth in VA's budget compared to overall federal spending and the economy. Since 2006, the VA budget is up 175 percent. This significant level of investment easily debunks the notion that Congress is trying to privatize the VA. Our only mission — shared by both Republicans and Democrats — is to ensure the men and women who serve have the benefits and care they have earned and deserve.

The VA will take action on many important items in FY 19. Some examples include implementation of the Forever GI Bill; appeals modernization; and the start of what will undoubtedly be a costly and lengthy replacement of VA's electronic health record, to name a few. It is my top priority to ensure the VA wisely utilizes resources to provide veterans with better quality care and more timely services.

In order to achieve these goals, one of my priorities — shared by Secretary Shulkin, Veteran Service Organizations and my Senate counterparts — is making it easier for veterans to access timely health care. The VA has been partnering with community providers since the 1940s to provide care outside the department. The committee has heard from veterans, VA employees and industry leaders about the many obstacles that prevent VA from effectively partnering with community providers to augment in-house health care services. Consolidating community care into one cohesive program that truly serves veterans is a key investment for the future that will make every dollar spent go further, and I was pleased to see President Trump call for this consolidation in his budget proposal.

Another important priority is the establishment of a VA asset and infrastructure review process to help the department repurpose or dispose of underutilized buildings, allowing dollars to be spent where they make the most impact. As we have discussed many times, modernizing the VA's physical infrastructure is a crucial prerequisite to ensuring the future success of the VA

health care system, and I was glad to see President Trump's infrastructure plan specifically mention VA assets.

Last, but certainly not least, is the implementation of a modern, commercial electronic health record. While the EHR modernization effort is necessary, it is very expensive. The contract with Cerner alone has a price tag of about \$10 billion, and that doesn't even include the costs of updating infrastructure to accommodate the new EHR, implementation support or sustaining VistA up until the day it can finally be turned off.

The VA's mission and responsibility is to serve those who served our country. The VA is entrusted with significant resources, outpacing those of nearly every other agency to carry out that mission. But with substantial resources comes substantial responsibility to expend dollars wisely. I look forward to continuing my work with the VA, and both President Trump and Secretary Shulkin, to take care of our active duty servicemembers, their families and veterans.

Feel free to contact my office if I can be of assistance to you or your family.

The writer, a retired physician and a former mayor of Johnson City, represents the 1st Congressional District in the U.S. House of Representatives.

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3. Modernize Our System

3.1 - WIS (NBC-10, Video): [Dorn VA Medical Center to soon get more parking](#) (23 February, Jenna Cisneros, 859k uvm; Columbia, SC)

The Dorn Veterans Affairs Medical Center will be adding more parking spaces for the hospital.

An 80-million dollar package aimed at improving the center begins with their first project of adding a new, three and a half story parking garage that will add an additional 278 parking spaces.

The construction will take place right behind the mental health building. The garage will be located about 50 feet away from the building entrance.

The VA will also have shuttles available to help navigate people in and around the campus.

This parking project has been in the works for seven years. Friday marked the beginning of phase 1 and construction will start within the next month.

"The parking garage was designed to have built into it a phase two where we will be adding an additional 150 spaces in addition to the 278 built from phase one," Dorn VA Medical Center director David Omura said.

New spaces should be visible within 12 to 18 months.

"The biggest take away with this parking garage is that we will offer our veterans the much needed parking spaces that they need each and every day. There's not a day on this campus

that you don't see every parking space filled up and you even find some veterans looking for a creative way to park on our property," Omura said. "This will provide them appropriate parking and will allow them to get in and out of their appointments much easier."

Along with a new parking garage, the Dorn VA was recently approved for more than \$80-million in new construction and renovation projects.

This is just the start to many changes the VA will see in the up coming years.

Omura explained that the community of Columbia and the state will actually see a brand new VA in the next year and a half to two years. There will be a new mental health center of excellence, a new rehab building, a new prosthetics building, a new eye center and a new police building.

"We will be taking a 20 thousand square foot, beautiful facility on our campus and renovating back to its former splendor to enhance primary care services," Omura said.

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3.2 - WFED (AM-1500, The Coalition for Government Procurement): [The real best value of raising the MPT and SAT](#) (23 February, Roger Waldron, 831k uvm; Washington, DC)

As you know, the FY18 National Defense Authorization Act raised the micro-purchase threshold (MPT) for civilian agencies to \$10,000 (the MPT remains at \$5,000 for DoD) and raised the simplified acquisition threshold (SAT) for all agencies to \$250,000. While much of the acquisition "buzz" around last year's NDAA focused on Section 846 and e-Commerce, raising the MPT and the SAT will have an immediate and significant impact in streamlining acquisition operations and supporting agency mission needs. So too, while much of the thinking/analysis around the increases in the MPT and SAT focuses on the impact on open market purchases, the real "best value" impact from the increases in the MPT and SAT will be through pre-existing, multiple-award indefinite delivery, indefinite quantity (MAIDIQ) contracts.

The increase in the MPT and SAT provides the flexibility for customer agencies to place orders under pre-existing contract vehicles, like NASA SWEP, GSA's Multiple Award Schedule (MAS) program, the VA's MAS program, and other major, agency-specific MAIDIQ contracts quickly and efficiently. There is great value in this contract ordering flexibility as compared to open market transactions below the MPT. Namely, the products, services and firms on pre-existing contracts have been vetted for compliance with important government requirements (e.g. Trade Agreements Act, Buy American Act, cybersecurity requirements, socio-economic and small business goals, etc.).

In addition, the prices on these MAIDIQ contracts are the result of full and open competition and/or have been determined to be fair and reasonable while remaining under competitive pressure at the task and delivery order level. As noted in a previous column, the GSA Schedules program offers customer agencies with expeditious, competitive pricing through its electronic market place, GSA Advantage. Indeed, as described in the blog, according to a MBA Professional Report published by the Naval Postgraduate School, which provides a business case analysis comparing GSA Advantage to Amazon Business from the standpoint of prices and processes. It found that, for the top 60 commercially available items purchased by the Air Force using government purchase cards prices were lower on GSA Advantage more than 80

percent of the time. Thus, as compared to open MPT transactions, improving the efficiency of access to competitive/good pricing and compliant products via MAIDIQ contracts yields value to the government.

For the Veterans Affairs Department (VA), this streamlining reform provides the opportunity to support effectively the healthcare needs of our veterans by energizing the VA Federal Supply Schedule (FSS) as the backbone of the Medical/Surgical Prime Vendor (MSPV) program. In particular, by leveraging the VA FSS, the VA could provide the MSPV program office with greater access to best value healthcare solutions than otherwise, and thus, enhance the quality of care delivered to our nation's veterans.

Last week, the Civilian Agency Acquisition Council (CAAC) published a memorandum entitled, Class Deviation from the Federal Acquisition Regulation (FAR) increasing the micro-purchase threshold and the simplified acquisition threshold, which provides civilian agencies with the authority to issue class deviations to raise the micro-purchase threshold (MPT) and simplified acquisition threshold (SAT) in accordance with the Fiscal Year (FY) 2018 NDAA. Notably, the General Services Administration (GSA), in consultation with the CAAC, already issued a class deviation for GSA-funded procurements. The deviation, however, is not applicable to procurements made through the GSA Schedules program, which are subject to the policies of the customer agency.

By streamlining federal procurement through pre-existing multiple award contract vehicles, customer agencies can achieve a “win-win-win,” where they are able procure solutions that not only support their end mission needs and goals, but are competitively priced, timely, and compliant. Consequently, that Federal customers should seek to leverage the streamlining reform presented by the increase in the MPT and SAT by incorporating the changes through their own class deviations.

Roger Waldron is the president of the Coalition for Government Procurement, and host of Off the Shelf on Federal News Radio.

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3.3 - Health Data Management: [VA, DeepMind partner to find risk factors of patient deterioration](#) (23 February, Greg Slabodkin, 143k uvm; Chicago, IL)

The Department of Veterans Affairs has partnered with artificial intelligence vendor DeepMind to develop machine learning algorithms that accurately identify risk factors that could lead to the deterioration of hospitalized patients, enabling clinicians to intervene before their conditions worsen.

The partnership will initially focus on analyzing patterns from 700,000 historical, de-identified health records to uncover the early warning signs of risk for acute kidney injury (AKI), one of the most common conditions associated with patient deterioration—and an area of expertise for U.K.-based DeepMind.

“This is a complex challenge, because predicting AKI is far from easy,” according to Dominic King, clinical lead for DeepMind. “Not only is the onset of AKI sudden and often asymptomatic, but the risk factors associated with it are common throughout hospitals. AKI can also strike people of any age, and frequently occurs following routine procedures and operations, like a hip

replacement. Our goal is to find ways to improve the algorithms currently used to detect AKI and allow doctors and nurses to intervene sooner.”

Ultimately, the machine learning technology will be applied to other signs of patient deterioration in an effort to prevent serious infections and conditions, according to King.

“Medicine is more than treating patients’ problems,” said VA Secretary David Shulkin, MD. “Clinicians need to be able to identify risks to help prevent disease. This collaboration is an opportunity to advance the quality of care for our nation’s veterans by predicting deterioration and applying interventions early.”

Last month, the U.S. Food and Drug Administration approved a clinical monitoring platform that alerts hospital staff in near real time of a patient’s deteriorating condition about six hours in advance using a predictive algorithm.

“We are proud to partner with the Department of Veterans Affairs on this important challenge,” said Mustafa Suleyman, co-founder of DeepMind. “This project has great potential intelligently to detect and prevent deterioration before patients show serious signs of illness. Speed is vital when a patient is deteriorating. The sooner the right information reaches the right clinician, the sooner the patient can be given the right care.”

According to the VA, about 11 percent of inpatient deaths globally are a result of patient deterioration not being detected early enough.

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3.4 - News Tribune: [Officials break ground on new, improved VA clinic](#) (24 February, Joe Gamm, 64k uvm; Jefferson City, MO)

Veterans' need for outpatient services in rural Missouri continues to grow, and the Department of Veterans Affairs is stepping in to help.

About 60 people gathered Friday afternoon for a groundbreaking ceremony for an expanded Community-Based Outpatient Clinic at 3430 W. Edgewood Drive in Jefferson City. When completed, likely in December, the clinic will replace the existing facility up the road at 2707 W. Edgewood Drive.

The new facility will increase the size of the clinic from approximately 7,600 square feet to approximately 10,500 square feet. The new facility will have 12 exam rooms, doubling the current facility's six.

It will provide primary care, behavioral health, audiology, podiatry, telemedicine, laboratory services and optometry, said Richard Burns, who specializes in internal medicine.

"We're excited to have a new facility," Burns said. "We're really tight in the current one."

David Isaacks, director of the Harry S Truman Memorial Veterans' Hospital, said since its opening in 2008, the number of patients treated at the clinic has grown. Doctors at the clinic treated about 4,500 veterans over the past year, Isaacks said Friday.

"Outpatient clinics are very important to our health system," Isaacks said. "They help us reach out to rural areas."

He said tele-health improves care further, allowing patients to receive specialty care without traveling to the hospital's main facility.

The expansion has been in planning stages for more than a year, VA spokesman Jeffrey Hoelscher said. It is expected to see a substantial increase in care, particularly for podiatry and optometry.

About 40,000 patients receive treatment at Truman VA hospitals and clinics annually, he said. The institution reaches 43 counties in Missouri and one in Illinois.

Most who use the clinic on Edgewood Drive are from Jefferson City, Fort Leonard Wood, Kirksville, Mexico, Marshfield, Lake of the Ozarks, Sedalia and St. James.

Nicholas Havens, chief of primary care at the veterans hospital, said growth at the clinic has been tremendous.

The "old" clinic was created in 2008. However, it has quickly been outgrown, Havens said.

"We've been adding on positions the entire time," Havens said. "For us, we think that's a good sign. This is health care that these guys are entitled to."

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3.5 - Healthcare Analytics News: [VA Plans to Use AI to Track Deteriorating Health in Veterans](#) (23 February, Ryan Black, 17k uvm; Cranbury, NJ)

Under Secretary David Shulkin, MD, the Department of Veterans' Affairs (VA) has made a conscious effort to become more tech-savvy. This week, it took another step in that direction by announcing a partnership with Google-owned machine learning and artificial intelligence (AI) firm DeepMind.

The collaboration is aimed at detecting health deterioration among VA patients. The London-based tech firm will have access to 700,000 de-personalized historical health records, which it will use to develop algorithms to identify risk factors for declining health. An official release from the agency said early work would focus on common and preventable signs, like acute kidney injury, that can lead to death if undetected.

"Medicine is more than treating patients' problems," Shulkin said in the statement. "Clinicians need to be able to identify risks to help prevent disease."

Patient deterioration is to blame for 11% of in-hospital deaths worldwide, according to the agency. Veterans face a host of unique health challenges that could contribute to deterioration, like elevated incidence of stress, anxiety, post-traumatic stress disorder, substance use, hazardous exposure, and chronic pain.

DeepMind has experience with both state-sponsored health research projects and the potential pitfalls that come with them. Since 2015 it has paired with the National Health Service in the UK

for various projects. While working to develop a kidney disease-identification tool called Streams, it ran into controversy when it was found to have illegally received identifiable information on 1.6 million patients.

The potential violation, discovered last summer, caused UK Information Commissioner Elizabeth Denham to write that the “price of innovation didn’t need to be the erosion of legally ensured fundamental privacy rights.”

The VA’s statement did not provide timelines or terms for the partnership. The announcement comes as it faces growing scrutiny on another tech project: its electronic health records (EHR) transition. Nearly 8 months after announcing it would sign a contract to use Cerner’s technology, no deal has materialized. Officials from the agency have stated that a deal would be signed before the end of this month.

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3.6 - KSJD (NPR-91.5, Audio): [A New Veterans Outreach Center Building In Cortez](#) (23 February, Tom Yoder, 400 uvd; Cortez, CO)

In this episode of KSJD's monthly Veteran's Affairs program, Tom Yoder talks with Darla Sanders, Director of the Cortez Veterans Public Outreach Center, about the recent relocation of the center, what services the center provides, and how the new location will better serve area vets.

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4. [Focus Resources More Efficiently](#)

4.1 - The Hill: [Veterans Health Administration needs stronger recruitment methods](#) (23 February, Suzanne Gordon, 11.8M uvm; Washington, DC)

Two hundred members of the American Federation of Government Employees, the union that represents staff at the Veterans Health Administration (VHA), recently rallied at the VA’s DC headquarters.

Joined by Sen. Bernie Sanders (I-Vt.) and Rep. Mark Takano (D-Calif.) as well as Rick Weidman, Executive Director of Vietnam Veterans of America, they were protesting the agencies failure to adequately staff the healthcare system that serves nine million veterans.

In his state of the union address, President Trump boasted that he has hired “talented people who love our vets as much as we do,” In fact, nothing is further from the truth.

While Congress and the administration have made it easier to fire VHA employees and proudly launched a website which publicly lists every VHA employee who has been disciplined, suspended, or fired, it has consistently failed to address serious staff vacancies.

In 2014, as VA Under Secretary for Health, David Shulkin who is now the The Secretary of the Department of Veterans Affairs, estimated that there are 34,000 VHA vacancies.

Refuting American Federation of Government's claims that there are now 49,000 vacancies. VA spokesman Curt Cashour, insists that there are only 35,554 vacancies.

That's up 1500 from Shulkin's initial estimate. Cashour admitted that while the VA had hired 900 mental health professionals over the past year, it had lost 945 during the same period.

Whatever the number, the administration's policies have made it difficult for medical facilities to hire the administrative staff to do things like the coding and billing necessary to running a high functioning health-care system.

Of the 35,000 plus vacancies at least four thousand are for human relations, logistics, and procurement staff. A recent VA Office of the Inspector General (OIG) report stated that lack of resources prevents the VHA from collecting accurate patient information needed to measure quality and safety.

All across the country, thousands of positions for primary care physicians, mental health providers, physical therapists, social workers and others go unfilled.

In a House Veterans Affairs Committee meeting on Feb.15, Rep. Mark Takano (D-Calif) and Tim Walz (D, Minn.) sharply questioned Secretary Shulkin about Trump administration plans that would make things even worse.

The president plans to freeze federal pay, prohibiting pay raises. This would hamper recruitment efforts, Takano insisted.

Housekeepers that keep hospitals clean, Takano stated, are already in short supply because of the fact that they are offered salaries that aren't competitive with the private sector.

Takano also added that he had reports that VA central office was directing human relations department to stop doing the kind of surveys of salaries offered in various private sector markets that provide VA directors with information essential to recruitment.

And then, there's the troubling news that what looked like an increase in funds — \$4 billion — for much needed repair of VHA infrastructure — won't in fact go to providing needed clinical and exam space and other repairs but will instead be channeled to further outsourcing of care to the private doctors and hospitals under Choice.

This is particularly disturbing given a recently released study by the prestigious National Academies of Science, Engineering and Medicine on mental healthcare services delivered to veterans of the Iraq and Afghanistan conflict.

The report documented that the majority of veterans who accessed the system had "positive experiences" and appreciated VHA staff's "courtesy and respect toward patients." However, staff shortages and shortages of clinical and office space were leading to staff burnout and high turnover rates that were jeopardizing their care.

These problems may get worse the administration has also extended eligibility for hundreds of thousands of other than honorable discharged veterans as well as newly transitioning veterans — without providing any new staff to handle a significant influx of patients.

This will further boost the caseloads of already overburdened VHA caregivers. That, in turn, will lead to more staff burnout, higher turnover, and patient complaints about appointment delays.

Sadly, the Trump administration, congressional Republicans —and even some Democrats ideologically committed to privatization — respond to all this by shifting more and more money away from the VHA and its dedicated staff.

As Walz stated in the Feb. 15 hearing, between 2014 and 2017, the budget for outsourced care rocketed by 49 percent while that of the VHA increased by only 9 percent.

The majority of veterans say they want these problems to be addressed so that the VHA, which they say is their first choice, can be strengthened not dismantled.

To do this requires streamlining cumbersome hiring procedures, providing more funding for new hires, and making VHA salaries competitive with those in the private sector.

Veterans and all of us need to ask why these measures are not being given serious attention by the White House or Congress.

Suzanne Gordon is the author of The Battle for Veterans' Healthcare: Dispatches from the Frontlines of Policy-Making and Patient Care.

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4.2 - National Review: [There's a Trust Crisis in Government. It Must Be Fixed](#) (23 February, Cathy McMorris Rodgers, 11.8M uvm; New York, NY)

If you were to ask Americans if they trusted the government to do the right thing, the likely answer is a big, fat No. According to Pew Research, only 3 percent of Americans say they trust that the government will do the right thing “all the time.”

3 percent! If only 3 percent of Americans said they trusted a pilot to land a plane, would you board the flight? If only 3 percent of Americans said they trusted a doctor to write the correct prescription, would you take the pill? What about if only 3 percent of Americans trusted a business to keep their credit-card information secure? Would you make a purchase from their website?

In all these cases, of course not.

Why is trust in government nearly at an all-time low? It's because the hardworking men and women of this country look at Washington, D.C., and see story after story of corruption, lack of transparency, and mismanagement. From senior FBI agent Peter Strzok's onetime involvement with an opaque investigation of the president of the United States, to Lois Lerner's Internal Revenue Service that targeted conservative organizations, to politicians from both parties who have abused public trust by engaging in sexual harassment.

What do all these cases have in common? It's officials who have lost sight of their mission to serve We, the People.

Take, for example, the scandals that have plagued the Department of Veterans Affairs. With long wait times, inadequate facilities, and little oversight, the VA has failed to live up to its sole mission “to care for those who have borne the battle.”

As the 2014 Phoenix VA scandal revealed, corruption and mismanagement can have deadly consequences. Unfortunately, that wasn’t the end of it. A VA doctor in Oregon was just fired for boosting his performance rating by turning away veterans who were seeking his care.

I also hear from veterans every single day who must resort to calling their congressional representatives to get through to the VA. So often, when a veteran contacts the VA, they get the runaround rather than having the red carpet rolled out for them. It shouldn’t be this way.

For far too long, the VA has been resistant to change and innovation that puts veterans first. I even encouraged the VA to use existing commercial off-the-shelf technology to let veterans schedule appointments quickly and more easily.

At every step of the way, the VA put up roadblocks. They told us it would take more than \$600 million and seven years to replace their archaic scheduling process with new technology. With veterans still waiting to receive care, that was outrageous and unacceptable. To cut down this bureaucratic timeline, my bill, the Faster Care for Veterans Act, was signed into law, mandating the VA to carry out a pilot program establishing a patient self-scheduling appointment program.

In this case, the VA had the opportunity to do the right thing by making their services more efficient and effective, but it took an act of Congress to make them do it.

Trust has been badly broken at the VA, and the only way to rebuild it is with greater accountability, stricter management, and services that give patients more control over their health care. That’s why Congress passed the VA Accountability Act to give the administration greater authority to fire failing employees. President Trump has made this a priority, and so far, more than 1,500 employees have been removed for failing to do their jobs.

Trust is broken a lot faster than it can possibly be rebuilt. We are just getting started with reforming and fixing the broken culture at the VA, and it serves as an example of what we need to do to refocus the federal government on its core mission of service. It’s vital that we restore trust by promoting transparency, oversight, and accountability in every single government program and agency.

As President Reagan said, “Trust, but verify.” I don’t expect the government to ever have 100 percent of the people’s trust. A certain level of skepticism of Washington, D.C., is healthy, because no one is waiting for a perfect federal government to swoop in and solve every problem. That isn’t what our Founders intended when they separated powers among our three branches of government and protected the power of our state governments.

But when just 3 percent of people say they completely trust the government to do the right thing, that’s a crisis of confidence that cannot be ignored. Congress must do its part to rebuild trust in our democracy. That’s why I’m more committed than ever to demand the effectiveness and accountability that the American people expect and rightfully deserve from their government.

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4.3 - Lowell Sun: [Reps press for hearing on Bedford VA hospital](#) (23 February, Todd Feathers, 320k uvm; Lowell, MA)

BEDFORD -- If three Massachusetts legislators get their way, there will soon be a congressional hearing on the mismanagement of the Bedford VA hospital.

U.S. Reps. Niki Tsongas, Seth Moulton and Katherine Clark have called for their colleagues on the House Committee on Veterans Affairs to hold a field hearing at the Edith Nourse Rogers Memorial Veterans Hospital following a rash of scandals. The most recent came a month ago when a federal watchdog criticized the Bedford VA for failing to properly discipline an employee who funneled hospital money to her brother's business, the VA in Washington is still reviewing whether new actions can be taken against her or hospital administrators.

The agency's hands may be tied, a VA official wrote in a document obtained by The Sun, by a double jeopardy policy that prevents the VA from disciplining an employee twice for the same offense without new evidence. The VA is, however, considering punishing the hospital administrators who decided to demote employee Heather Garneau-Harvey one pay grade, instead of firing her.

"The disciplinary action highlighted in the (Office of Special Counsel) report is wholly inappropriate and isn't anywhere close in proportion to the offense that necessitated it," VA Press Secretary Curt Cashour wrote in a statement. "Veterans deserve to know VA will hold employees accountable when the facts demonstrate they have failed to uphold the high standards taxpayers expect from us .

.. That didn't happen here."

On Feb. 9, the VA completed a review of the hospital administrators who handled the Garneau-Harvey case. It will announce additional disciplinary actions, if there are any, within the next five weeks, Cashour said.

In 2015, a VA Investigation determined that Garneau-Harvey and her father, Dennis Garneau, both of whom worked in the hospital's engineering department, directed at least \$200,000 in landscaping services and materials payments to Earth Creations, a company owned by Dennis Garneau Jr., who is Garneau's son and Garneau-Harvey's brother. Investigators also identified around \$750,000 worth of suspicious purchases approved by the Garneaus. In some cases, there was no evidence the purchased landscaping material was ever delivered to the hospital.

Garneau resigned from his job at the hospital after the investigation, but Garneau-Harvey retained her job. It wasn't until November 2017, while the OSC was investigating the hospital administration for retaliating against whistleblowers in a separate matter, that the hospital demoted her one pay grade.

She remained in a position where she could direct purchasing.

The Bedford VA has been without a permanent director for over a year and is now on its second acting director. The last permanent director, Christine Croteau, was removed amid an investigation into whether she retaliated against whistleblowers and instructed hospital staff to falsify data.

The coalition of Massachusetts representatives called for a Congressional hearing, and other matters, on Jan. 30. They have been working with U.S. Rep Ann Kuster, of New Hampshire, who sits on the House Committee on Veterans Affairs, to arrange the hearing but nothing has been confirmed.

Any congressional hearing would come at an awkward time. VA Secretary David Shulkin is facing his own questions after an inspector general's investigation found that his chief of staff doctored an email in order to justify the government paying for Shulkin's wife to take a 10-day trip to Europe.

Shulkin has since repaid the VA for his wife's travel.

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5. Improve Timeliness of Service

5.1 - Los Angeles Times: [The VA's anti-marijuana hysteria doesn't help veterans with PTSD](#) (23 February, Michael Gross and Mary Rouse, 23.9M uvm; Los Angeles, CA)

To the editor: The federal government ought to respect the wishes and sacrifices of our military veterans. ("Should veterans be allowed to use medical marijuana for post-combat stress? The Trump administration says no," Feb. 9)

Many people who have post-traumatic stress disorder cannot find effective treatment. Research into the benefits and risks of cannabis is a legitimate project for veterans, just as currently funded research into ketamine, an abusable substance, is a legitimate project to help in certain cases of depression.

Alcohol is legal, and it is a cellular poison with addictive properties that causes immense damage to entire communities when abused. Tobacco is legal, and it can cause cancer in smokers and in innocent people nearby.

The federal government needs to drop its anti-marijuana hysteria and think about science.

Michael Gross, Woodland Hills

..

To the editor: The U.S. Department of Veterans Affairs opposes medical pot for veterans' treatment and refuses to investigate — or even to refer vets to clinical studies that investigate — whether medical use of marijuana is valid.

That would be kowtowing to science, acting as if scientists and doctors know anything. The VA itself already knows that medical use of marijuana is bad. Because.

Mary Rouse, Los Angeles

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5.2 - WFLA (NBC-8, Video): [Congressman demands answers after VA computer stops veteran's prescription for brain injury](#) (23 February, Steve Andrews, 702k uvm; Tampa, FL)

A Target 8 investigation recently revealed prescription problems at the VA hospital in Bay Pines.

Tom Barr, a 70-year-old Air Force veteran was admitted to Bill Young Medical Center after he suffered a traumatic brain injury four years ago.

His daughter and caregiver Brandye Jackson says he takes Methylphenidate or Ritalin to keep his brain firing at the right rate.

"His brain was so damaged that it just doesn't have the ability, you know all the neurons aren't firing," said daughter Brandye Jackson.

Jackson says although the hospital received very specific instructions on how to care for her father that specifically mention his need for Methylphenidate, Barr's prescription was stopped.

According to several sources, a computer stops all prescriptions for narcotics and controlled substances for veterans after seven days at a VA hospital.

"A computer shouldn't have the control to drop something out of the system, it should be a doctor that has the control," said Ms. Jackson.

Her father fell through the cracks. Barr's physician was on vacation when his prescription was stopped.

"Unacceptable, that can't happen," said Congressman Gus Bilirakis (R-FL.) told News Channel 8. He plans to bring the matter to the attention of the Secretary of the Department of Veterans Affairs.

Bay Pines spokesman Jason Dangel said that upon admission, a patient will stop receiving medication from outpatient pharmacies. A hospital physician orders new prescriptions with a seven-day stop on controlled substances.

A computer stopped Tom Barr's prescription and the VA missed it.

"Computers are fine but doctors should be making decisions case by case," said Congressman Bilirakis.

Mr. Bilirakis says he will personally talk to the VA secretary about this mistake, how it affected Barr and how it may affect others.

"It's something that has to be changed now," said Jackson. "It can't wait."

Jackson said her father is only now beginning to come back. If he had been on heart medication, he might now be dead, she added.

News Channel 8 has inquired as to whether anyone at Bay Pines will be held accountable for missing Mr. Barr's medication issue.

Congressman Bilirakis said it is time for a re-evaluation of Medical Center Suzanne Klinker.

In January, the congressman demanded answers and a solution from Ms. Klinker after Target 8 revealed she had housed several veterans in a building for months with no heat or hot water.

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5.3 - WRIC (ABC-8, Video): [One of the nation's largest veterans groups joins call to end dog testing](#) (23 February, Kerri O'Brien, 487k uvm; Richmond, VA)

American Veterans (AMVETS), one of the nation's largest veterans groups with 250,000 members, told Congress Friday they support efforts to phase out taxpayer funding for "antiquated canine research" at the Department of Veterans Affairs.

In a letter, the group writes, "the drawbacks have far outweighed the benefits for quite some time."

The letter goes on to say for these reasons, "AMVETS supports a steady and finite draw-down in funding for VA's controversial canine research and the re-purposed funds to be used for identifying alternatives to using animals in research."

A series of 8News investigations uncovered deadly dog experiments have been underway for years at McGuire Medical Center in Richmond.

8News found the dogs, sometimes as young as six-months-old, are surgically implanted with pacemakers and run on treadmill often until they collapse or have a heart attack.

All of the dogs are eventually euthanized.

The VA has maintained this is critical research into cardiovascular disease. Opponents call it animal abuse.

The House has passed a measure to cut taxpayer funding for the research. The Senate still needs to vote on it.

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6. Suicide Prevention

6.1 - The Wall Street Journal: [AI Helps Identify People at Risk for Suicide](#) (23 February, Aili McConnon, 43.5M uvm; New York, NY)

In late January, a 60-year-old woman in northern Argentina posted on Facebook : "This can't go on. From here I say goodbye."

Within three hours, a medical team reached the woman and saved her life—thanks in part to advances in artificial intelligence.

The post caught the attention of Facebook's AI system, which is programmed to spot potential suicidal language. The system decided it was an emergency and passed it along to moderators for review, who then alerted authorities in Buenos Aires. Before long, first responders were on the scene. (Facebook wouldn't comment on the incident.)

"Artificial intelligence can be a very powerful tool," says Enrique del Carril, the investigations director in the district attorney's office in Buenos Aires. "We saved a woman far away in remote Argentina before something terrible happened. That is incredible."

Facebook's suicide-alert system is just one of many efforts to use artificial intelligence to help identify people at risk for suicide as early as possible. In these programs, researchers use computers to comb through massive amounts of data, such as electronic health records, social-media posts, and audio and video recordings of patients, to find common threads among people who attempted suicide. Then algorithms can start to predict which new patients are more likely to be at risk.

Machine assistance

Machines wouldn't replace humans making diagnoses about suicidal behavior. But these tools—most of which are still experimental—could eventually help clinicians screen patients more quickly and accurately, perhaps even while a doctor is still doing an interview.

At the same time, some critics have raised concerns about the privacy rights of patients as machines tap into their personal data, as well as possible mistakes in how the information is interpreted.

Using technology to detect suicidal behavior is part of a larger effort to use AI to discover and treat a range of mental-health issues including depression, schizophrenia and bipolar disorder.

But suicide-detection research—in the public and private sectors—is further along than other mental-health efforts. In part, that's because suicide is on the rise, particularly among teenagers. In 2006, one person in the U.S. committed suicide every 16 minutes, according to the Centers for Disease Control and Prevention. A decade later, it was every 12 minutes. Plus, traditional ways of predicting suicide have been found lacking. In fact, a recent meta-analysis by Florida State University researchers and others, published in the journal *Psychological Bulletin*, found that the traditional approach of predicting suicide, which includes doctors' assessments, was only slightly better than random guessing.

By contrast, early tests of AI have shown markedly better results. A follow-up study by several of the same researchers, published in the journal *Clinical Psychological Science* last year, used AI to analyze the medical records of nearly 16,000 general hospital patients in Tennessee. The algorithms identified common traits among suicidal patients—such as a history of using antidepressants and injuries with firearms—and could predict with 80% to 90% accuracy whether someone would attempt suicide in the next two years.

The results show AI can "model complex interactions among many risk factors" to decide who is most likely at risk, says Jessica Ribeiro, psychology professor at Florida State University focused on suicide prevention, and one of the researchers.

Other early tests combine analysis of medical records with real-life data, such as what people say to their clinicians and how they say it. John Pestian, director of computational medicine at the Cincinnati Children's Hospital, took this approach in a study published in 2016 in the journal

Suicide and Life-Threatening Behavior. Dr. Pestian looked at 379 people in one of three categories: at serious risk for suicide; mentally ill but not suicidal; and a control group. The subjects filled in surveys and were interviewed and filmed.

An algorithm analyzed relevant patterns and could determine with up to 93% accuracy who was actually in the suicidal group versus someone who was mentally ill but not at risk, or a control. Among other signs, the findings showed that mentally ill patients and control patients tended to laugh more, sigh less, and express less anger and emotional pain and more hope than those who exhibited suicidal behavior. All of which, Dr. Pestian argues, could only be gleaned from real-world interactions, not medical records.

Analyzing audio

Dr. Pestian has used his AI research to develop an app called SAM that has been tested in Cincinnati schools and clinics. The app records sessions between therapists and patients, then analyzes linguistic and vocal factors to provide a real-time assessment of a patient at risk for suicide.

Another system with a similar approach: Cogito's Companion, developed by Cogito Corp. The system, which has been used with about 500 veterans, analyzes data from users' phones, such as the frequency with which they text or call and how much they have traveled in a given week; users also record short audio diaries that the system analyzes. Cogito says its app can detect depression and suicidal behavior with more than 80% accuracy.

Some private-sector efforts to identify suicidal behavior are already being used on a wide scale. In the past five years, AI-powered virtual assistants such as Apple's Siri have started directing users to the National Suicide Prevention Lifeline, and offering to connect them, when they detect suicidal comments or questions. That might include people using the word "suicide" or saying something like "I want to jump off a bridge."

Facebook has been working on suicide prevention for more than 10 years, but faced criticism last year for not doing enough after several users took their own lives and live-streamed the process. In November 2017, Facebook said that it had started to use AI to analyze people's posts and live streams in an effort to detect suicidal thoughts, and that its AI system now prioritizes particularly dangerous and urgent reports so that they are more quickly addressed by moderators. The company says that over a month in the fall of 2017, its AI system alerted first responders to intervene in 100 cases of potential self-harm.

"We're always looking to improve our tools," says William Nevius, a Facebook spokesman. "We know this is a new technology, and we're always looking for additional ways to help people."

Potential roadblocks

But as companies get involved in the suicide-prevention efforts, they face a host of ethical questions. For one, there's transparency: Technology firms already have to deal with concerns about the kinds of information they collect from users and what they do with it, and those debates will likely become even more heated as they handle sensitive mental-health information.

Legal and regulatory questions also arise, such as who assumes responsibility if an AI system makes a false prediction. A wrong guess, for instance, might leave an individual with a damaging data trail suggesting they were suicidal.

In fact, such questions of privacy may plague any research into suicide, some critics say. For medical AI systems to work well, they need access to a wealth of data from a variety of patients, but that can be tricky because of the perceived stigma of mental-health disorders, says Siddharth Shah, an industry analyst at research firm Frost & Sullivan. “How many people are going to be OK with having sensitive mental-health information shared with an algorithm?” he says.

Some efforts are under way to address that issue. For instance, Qntfy, an Arlington, Va., company, is recruiting people to donate data for study, and more than 2,200 people have done so to date. Identifying information is scrubbed out of the data before it’s analyzed, the company says.

Finally, issues of nuance plague many AI efforts. Though AI may recognize a word, it may not comprehend the context. “Saying ‘I hate this. I can’t survive’ is very different if you are saying it to a doctor versus venting on social media,” says Adam Miner, a clinical psychologist and AI researcher at Stanford University.

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6.2 - UVA Today: [Student Team Hacking Into Problem Of Veteran Suicide](#) (23 February, Fariss Samarrai, 2.4M uvm; Charlottesville, VA)

Veteran suicide is a pressing national issue in the United States. While veterans make up just under 9 percent of the U.S. population, they account for more than 18 percent of all suicides.

To help address the issue, the Northern Virginia Technology Council is sponsoring a University Challenge “hackathon” Wednesday in McLean at its Capital Data Summit, to present ways that big data analysis can be used to address a serious national challenge. The summit is designed to showcase big data assets and capabilities in the region that can serve commercial and government interests, as well as society at large.

The University of Virginia is sending a team of five undergraduate students to compete in the hackathon. The team has been working for nearly two months to “hack” into the factors that can lead to so many veteran suicides, leveraging data science tools and techniques to analyze and propose solutions to the problem. Their sources included Department of Veterans Affairs statistics, demographics data from regions throughout the nation, death statistics and others.

During a recent internal competition at UVA the team presented its findings to four judges, each in the data science field, and won the internal competition, earning its place in the Capital Data Summit competition. The team members, and their competition, will be judged on the basis of their choice of data, their analytical techniques, their understanding of and insight into the subject matter, and the quality of their presentations.

“This Northern Virginia Technology Council challenge led to a group of talented students looking at a very important social problem and increasing our understanding; it does not get any better than that,” said Phil Bourne, director of the UVA Data Science Institute, which is sponsoring the UVA team.

The team is proposing ways in which social media and other data can be used to identify and locate at-risk veterans and offering solutions. Team leader Soukanya Ghosh, a first-year

computer science major, heard about the UVA hackathon from a friend just a few hours before a planning session in January, and showed up “out of sheer curiosity.”

“The concept of looking at data which could cause tangible change in our communities is what really struck me and I was convinced to form a team to take on this challenge,” he said.

Ghosh’s team soon developed a program to analyze veteran tweets for patterns that might indicate behaviors and attitudes that could suggest depression and suicide.

“My group was able derive a number of correlations between veteran suicide rate and variables such as uninsured rate, urban/rural living location, and access to firearms,” he said. “Although these facets remain correlations, we plan on diving into deeper research to find root causes such as unhappiness caused by social isolation, poverty, etc.”

He said the team also will further address shortcomings at the Department of Veteran’s Affairs, such as wasteful spending.

“There is no one right answer that will stop suicides once and for all; however, with small steps, like providing accessible healthcare to all our veterans and creating a strong community around them, can help them settle back into civilian life,” he said.

He added that the exercise is helping him collaborate effectively with his peers, and he plans to use the skills he’s developing to address additional large scale societal problems.

“Data science brings out opportunities for teams to come together and attack a problem that no one person could even begin to address alone,” said Arlyn Burgess, the DSI operations director who coordinated the internal competition. “Beyond their excellent technical abilities, the teams creatively found data sources and methods to address the way that we support our veterans when it comes to the difficult issue of suicide. These kinds of data-informed recommendations are going to change the world we live in, and we are excited to be part of it.”

Rahul Batra, a first-year computer science major on the team, signed on because of an interest in the interaction of technology and societal issues.

“Whether it is through something as simple as optimizing the way people interact with a system at a grocery store or through something broader like combatting bullying, technology always plays a large role in people’s behavior,” he said.

“When I heard that the DSI at UVA was offering this project I was thrilled because data analysis is a field that’s been completely changing the way companies operate, and it is interesting to see it now being taken to a policy level with relation to the government.”

Batra said he is happy to “tie together” science, technology and society concepts with computer science skills to work on policy objectives that could enact change.

“After collecting data, interpreting it, and running tests, at the end of the day we still needed to reason with it and create subjective policy recommendations,” he said. “This part of the project wasn’t something that we necessarily are taught in our classes, however it is equally important to our success as engineers to be able to communicate what our findings really mean.”

The merging of a range of skillsets by the team has impressed Don Brown, a chaired professor of computer science, and one of the UVA competition judges.

“This talented team of students has given us new insights into the crisis of suicide among those who served our country,” he said. “As a veteran myself, I very much appreciate their work and am impressed by their technical accomplishments in a very short period of time.”

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Buffalo News: [Editorial: Build the cemetery](#) (24 February, Editorial Board, 1.5M uvm; Buffalo, NY)

One of the last and possibly most important ways to show veterans who honorably served this country respect is to give them a fitting final resting place.

For far too long, such a place did not exist within range of Western New York. The omission was glaring for families who had to drive far out of their way to Bath, about 100 miles southeast of Buffalo. The other choice was private cemeteries – pleasant, perhaps, but lacking the national honor due to those who have served.

But a number of parties, private, public and political worked together to finally find our military a final and fitting resting place. The Western New York National Cemetery is the region's first of a kind in its distinction for veterans, in the Town of Pembroke, Genesee County.

It took a long time. It's been nine years since the initial proposal. Delays began with the Department of Veterans Affairs. The agency spent four years choosing a site for the cemetery, and it was another four years before three parcels of land could be put together to create the desired setting. The reason had to do with a gas line that ran through the middle of two of the parcels. It had to be moved. Enter the bureaucracy.

The Veterans Affairs spent a couple of years figuring out three possible sites, one in Lancaster and two Pembroke. It took another couple of years for the agency to decide on the final location, at the intersection of Indian Falls Road and state Route 77 in Pembroke

With the largest piece of land in its portfolio, a 132-acre parcel acquired in 2014, the VA still could not start construction on the new cemetery until it secured two other parcels of 60 acres and 77 acres. They were needed for the cemetery's main entrance which would be built along Indian Falls Road, instead of the busier Route 77 corridor.

Both property owners were on board except the interested parties had to contend with the gas line, which required various government agency approvals. Even bureaucrats were frustrated by this bureaucratic logjam.

Then, government approvals were needed, as was an environmental impact statement. The gas line had to be moved to the perimeter of the property and the VA had to buy the property for an undisclosed sum. During the long delay in Western New York, about a half dozen new veterans

cemeteries in underserved areas were built across the country. Veterans and their loved ones wanted to know when a shovel would hit the ground.

Senate Minority Leader Charles E. Schumer, D-N.Y., has urged the VA to maintain a “swift construction timetable,” to begin construction this year. Schumer has been on the case since 2009. He will keep pushing. Rep. Chris Collins, R-Clarence, whose district includes the cemetery site, said he, too, would push for quick completion.

The official opening date remains unknown but with the backing of Schumer and Collins, along with \$36 million Congress already appropriated for construction, hopes run high that the work will get started, soon. Maybe as soon as this year, as Schumer predicted.

It has taken too long to get going on a final resting place for this area’s veterans. It’s time to make this happen.

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7.2 - WLTX (CBS-19, Video): [Homeless Veteran Receives Proper Funeral From Community](#) (23 February, Nic Jones, 833k uvm; Columbia, SC)

A veteran who was homeless passed away in a Lexington County park was honored Friday with a proper funeral held by members of the community.

It’s never easy to say goodbye. It’s even harder when the people who have passed on seem forgotten.

As motorcycles poured into Fort Jackson National Cemetery, emotions began to rise thinking about the three previously unclaimed veterans.

Pamela Longwood is an army veteran. She understands that no one in uniform can be left behind.

"I felt sad. My heart felt heavy. I couldn't understand but I know how important it is to see a support system when you have a homegoing service. You really need to know that somebody cares," said Longwood.

Last month, a veteran who was homeless passed away at a Lexington County park. Lexington County Coroner, Margaret Fischer, identified the man as Dennis Reidy.

Reidy, an air force veteran, also served as a Richland County Sheriff’s Deputy.

Richland County Sheriff Leon Lott remembers Reidy as a hard-working deputy who was proud to serve in the military.

"All of us who worked with him are better people for knowing him. Unfortunately, he died homeless and we all need to be concerned about it and do all we can for our veterans," said Lott.

Reidy also went to school at the University of South Carolina.

After discovering what had happened, the American Legion, the Lexington County Sheriff's Department, and the Fort Jackson National Cemetery stepped in to give Reidy and the two other veterans a proper funeral.

Richard Strobel with the the American Legion knew they had to do something

"It really breaks your heart because you know what they've gone through. They dedicated themselves for us, at some point something went wrong and because of that, they're left alone," said Strobel.

The service was done for free for Reidy.

Sadly, Reidy died alone, or at least thought he didn't have family.

Diane Pryslak hasn't seen her first cousin since 1961. After decades of searching, she found out through an email that Dennis had passed away.

"Dennis was a missing link for us and I've been trying for several years now to find him, to contact him. Felt I had to say goodbye to him and let him know that he's still our link to the male side of the family. It was a fitting goodbye," said Pryslak.

Even though she didn't find him like she had hoped, she still can feel that he's there with her.

"I just felt his presence. When the dead go, their soul goes first. They leave a body behind. His soul was up in Heaven and looking down and I think he was stunned. Stunned," explained Pryslak.

Families that did attend the funeral say they were happy to see all the support and were proud of the way their loved ones were honored.

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7.3 - WFED (AM-1500, Audio): [Veterans Employment initiative: What's working, what's not, and how to move forward](#) (23 February, David Thorton, 831k uvm; Washington, DC)

Experts have declared the Veterans Employment initiative a success in terms of bringing veterans into federal employment. But now the program is stalling, and those experts say it's time to shift focus away from broad hiring initiatives, and toward more concentrated efforts to boost their distribution through more diverse agencies, and increase retention and engagement.

That's why the Office of Personnel Management reached out to the Institute for Veterans and Military Families at Syracuse University about a year and a half ago to do a study and make some recommendations on how to move forward.

"If you look at the numbers and the federal government as a whole, it's done phenomenally well in terms of bringing veterans into federal sector jobs from the launch of the initiative in 2009 all the way up through the latest data we had run, for FY 2015," said Nick Armstrong, the Institute's senior director for research and evaluation.

Since the program's launch, veterans have accounted for more than 30 percent of new hires in the federal workforce, and their numbers have risen until they now make up roughly one-third of federal employees.

But Armstrong said when you dig into those numbers more deeply, you begin to see variations, and places where the program could benefit from more targeted efforts. For example, researchers found that veterans were mostly concentrated in larger agencies, especially those with a military-related culture or mission, like the departments of Defense, Veterans Affairs and Homeland Security.

"That's what we wanted to try to get into, was how does this vary across the federal government?" Armstrong said. "What had been done in some agencies, and what more could be done going forward?"

It's easy to assume that the nature of the mission attracted so many veterans to these agencies, but Armstrong said it's actually more complicated than that. First, larger agencies with better staffed and funded HR departments were able to set up veteran employment resource offices completely devoted to that mission. Other, smaller agencies only had veteran employment resource officers who sometimes wore multiple hats, forced to divide their attention between multiple hiring initiatives.

There can also be cultural differences inhibiting agencies from understanding vets' skills. While DoD, VA and DHS might align more closely with tasks a veteran performed in the military, and may draw on a veteran's experience in that realm, that doesn't necessarily mean that's what a veteran wants to do after their military service. And it certainly doesn't mean that's all they're capable of doing.

"It's a little bit more nuanced than just trying to plug-and-play or trying to automatically assume that what a service member did in the military is what they want to do or what they can only do in the civilian sector. Part of that is about not necessarily full awareness or appreciation of the full diversity of different skills and occupations that military members fill across the military," Armstrong said.

For example, the GI Bill is a major enticement to many service members to join the military. But focus on veteran status and the nature of their military service can obscure other training acquired during or after that service, like higher education through the GI Bill. And that's a problem when, as Armstrong said, about half of vets don't want to do the same job they did during their military service.

But that lack of visibility when it comes to federal jobs veterans can perform can go both ways. Veterans aren't always aware of the existence of smaller agencies whose missions don't align more closely to the military, much less their hiring status.

OPM has already made moves to rectify that situation. It created [FedsHireVets.gov](https://www.feds-hire-vets.gov) to act as a resource to connect veterans to the full range of federal jobs. But veterans remain concentrated in certain agencies.

"There's clearly more opportunity for agencies to be able to communicate the types of opportunities that vets may, or transitioning service members even may find interesting," Armstrong said. "And also opportunities to help educate and inform transitioning service

members about what those opportunities are beyond the traditional federal agencies where vets tend to find themselves.”

Armstrong said agencies with lower number of veterans and jobs that don't align with military skills or experience could also look into workforce development or training programs to entice veterans to expand their professional skillsets.

As the study continues Armstrong said he wants to look beyond hiring and basic retention metrics and start looking at the veteran experience in the federal workforce more holistically.

“This is an opportunity to look into the initiative and to pick out things of what can be done now to sustain the success and move the initiative forward, particularly on issues beyond just hiring,” he said.

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7.4 - Times-Herald: [National Cemetery Administration: We're here for our veterans](#) (23 February, 104k uvm; Vallejo, CA)

Responding to the Times-Herald article, “Petition to get federal government to own the Mare Island Cemetery now circulating,” published on Feb. 13:

The Mare Island Cemetery was transferred from the Department of the Navy to the City of Vallejo in 1996 and has never been under the jurisdiction of the Department of Veterans Affairs National Cemetery Administration (NCA).

In response to concerns recently raised about the conditions of the cemetery, NCA and the Navy assisted the City of Vallejo in preparing an application for the Department of Defense's (DoD) Innovative Readiness Training Program where military funds and manpower may be used for the restoration of this cemetery. If the project is approved, DoD would match a military department/unit with the project and work would start in Fiscal Year 2019.

NCA worked directly with Mayor Sampayan and his staff on their application and provided technical specifications and expertise for the necessary turf renovation, and headstone raising and realignment and made recommendations on addressing historical fence and drainage issues. In addition, NCA stands by to offer direct assistance in replacing government headstones, as it would for any cemetery where veterans are buried.

The article suggests that NCA should reopen the cemetery at Mare Island. However, the Sacramento Valley National Cemetery in Dixon serves veterans and families in the northern Bay Area with in ground and above ground burial options and will continue to do so for years to come.

We also look forward to expanding service to Bay Area veterans and loved ones with the development of a new columbaria-only urban cemetery, currently in design, at the new Alameda Point National Cemetery. This cemetery, at the former Naval Air Field in Alameda, will provide access to burial benefits for approximately 420,478 veterans, spouses and other eligible dependents.

NCA appreciates the local community's commitment to ensuring a dignified resting place for our nation's heroes. We will continue to assist the City of Vallejo in meeting its responsibility to improve the conditions of the Mare Island Cemetery.

— The National Cemetery Administration/Washington, D.C.

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7.5 - Elko Daily Free Press: [Heller to propose VA cemetery in Elko](#) (23 February, Suzanne Featherston, 92k uvm; Elko, NV)

If a veteran living in Elko wants to be buried in a VA national cemetery, the only in-state options are in Boulder City and Fernley.

Sen. Dean Heller hopes to change that by passing a bill through Congress to establish a VA national cemetery in Elko, and he asked for support from the Elko County Board of Commissioners.

"Nevada's heroes deserve a dignified final resting place close to home, and for too long these veterans and their families have not had the option to bury their loved ones in a national cemetery," Heller said. "I will continue to push my colleagues in Congress to support the Elko Veterans Cemetery Act so we can get this cemetery started for our veterans and their families."

The senator drafted a bill that would transfer Bureau of Land Management property in Elko to the Secretary of Veterans Affairs for a VA national cemetery. The 15-acre plot is near Adobe Middle School off of Western Way, and Cattle Drive winds through it.

During their Feb. 21 meeting, the commissioners expressed their support of having a VA national cemetery in Elko County but had questions about the logistics of operation and proposed location.

Commissioner Cliff Eklund asked who would be financially responsible for the operation of the cemetery once established.

"I think it's a great proposal, and I'm fully in support of it, but I just wanted to get that question [answered]," Eklund said.

The draft bill states that the Secretary of Veterans Affairs would reimburse administrative costs of the land transfer, but the text does not mention operations. The VA's National Cemetery Administration maintains 135 cemeteries in 40 states, including Puerto Rico, according to the VA.

Greg Deimel, public affairs officer for the BLM Elko office and a veteran, added that every VA cemetery he'd seen in his extensive national travels has been impeccably well-kept.

Commissioner Jon Karr asked why the cemetery was needed, how the location was decided and how many burial plots it would contain. The agenda packet materials did not address those issues.

“By no means does anyone need to hammer me that I don’t support veterans or something because that’s not what I’m asking,” Karr said. “I am not opposed to it. I just think there are some wild questions that need to be answered first.”

In 2012, the Department of Veterans Affairs announced an initiative to provide burial services for veterans in rural areas, specifically Elko. However, the plan to build a national veterans’ burial ground in existing public or private cemeteries did not happen in Elko, according to information provided by Heller’s Washington, D.C., office.

Two years later, a National Cemetery Administration audit revealed that veterans in rural areas — including rural Nevada — still did not have reasonable access to burial options. The VA Office of Inspector General found that as many as 4,600 veterans in five Nevada counties remain unserved.

Deimel explained that Heller sent staffers to Elko in 2015 to investigate potential sites for the cemetery but said he did not know how the team decided on that particular location.

Commissioners’ additional concerns included getting irrigation water to the site, how surrounding city land would be developed, and the position of Cattle Drive, a county road that is traveled by about 400 vehicles a day.

Community development natural resources director John Baldwin offered to contact Heller’s office and ask the questions presented by the board members.

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7.6 - Gainesville Daily Register: [Providing homeless veterans with housing works](#) (23 February, Thomas Wisnieski, 37k uvm; Gainesville, TX)

Recently our team from the North Florida/South Georgia Veterans Health System had the opportunity to join our community partners in Gainesville for the annual point-in-time count. The entire senior leadership team, the associate chief of staff for mental health, homeless program leaders and front-line staff joined the effort at 5:30 a.m. with a goal of counting our local homeless population and connecting them to services to end their homelessness.

The Sun article on the point-in-time count focused on the counting, surveying and giving of supplies. All of those are important! However, we also need to talk about the tremendous progress that has been made in dramatically reducing homelessness among veterans in our community and about the comprehensive and coordinated services that have been systematically put in place to ensure that veterans can be moved to housing as quickly as possible.

The housing-first model embraced by the VA eliminates barriers to housing by dispensing with preconditions and roadblocks such as requirements for sobriety, treatment or service participation. Once veterans are assisted with obtaining housing, the VA wraps around with supportive services to address their health, mental health, addiction and legal needs, ensuring their long-term success in staying housed. The real story here is the opportunity this provides for veterans to reintegrate, thrive and contribute to our community.

Ending homelessness for veterans has been a top national priority for the VA in past years and a personal mission for our local staff. One of the most revolutionary element in our programs designed to serve homeless veterans has been the Housing and Urban Development Veterans Affairs Supported Housing (HUD VASH) program.

The HUD VASH program began in 2008 with 150 housing choice vouchers designated for veterans divided equally between the two public housing authorities in Gainesville and Alachua County. As of today, there are currently over 1,660 such vouchers distributed between seven Public Housing Authorities across the NF/SGVHS.

In our local region, this partnership between the VA and HUD has resulted in over 750 new housing choice vouchers for veterans. The HUD VASH vouchers represent about a quarter of housing choice vouchers in our community and the only recent significant increase in this type of funding for our local housing authorities. There are over 700 veterans housed in our surrounding area with rental assistance from the housing choice voucher and supportive services provided by our VA homeless team.

Here at the NF/SGVHS our team has embraced the housing-first philosophy! Why? In a word, it works! Last year our HUD VASH program had an 8 percent negative exit rate, which was significantly lower than national targets. This means that more veterans are getting and staying housed, a very positive outcome. Given the size and scope of our program, this is an amazing statistic and a testament to the fact that housing-first works!

The VA partners with our community service providers to offer additional services to meet the needs of veterans. The homeless providers grant and per diem program recently underwent a shift in mission to better align with the housing-first philosophy. This change in focus includes expanding the number of clinical treatment beds as well as offering some short-term bridge housing beds.

In Gainesville and Ocala there are currently 72 clinical treatment beds available through partnership with Volunteers of America, Florida. There also are 22 bridge housing beds which afford veterans a place to stay while they look for housing.

The Supportive Services for Veteran Families program allocates funding to community partners to support rapid rehousing services and homeless prevention services. Locally, Meridian Behavioral Health and Volunteers of America, Florida and Family Endeavors have received over \$3 million to fund these efforts. Veterans also receive comprehensive, world-class health care.

All these efforts combined have produced measurable results. Not only does housing-first work by ensuring that veterans become and remain housed, the number of homeless veterans identified in the point-in-time count has had a marked decline. In the last five years, the total number of homeless veterans has declined by 50 percent and the number of unsheltered veterans is down by 54 percent.

The NF/SGVHS is pleased to be part of the community-wide effort to end homelessness among veterans. For the hundreds of veterans who are no longer homeless this is a story worth sharing!

Thomas Wisnieski is director of the North Florida/South Georgia Veterans Health System.

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8. [Other](#)

8.1 - Arkansas Democrat-Gazette: [Lawsuit against VA dismissed. Business owner challenged notice about federal contracts](#) (23 February, Linda Satter, 865k uvm; Little Rock, AR)

A federal judge on Thursday threw out a lawsuit filed earlier this month by Ross Alan Hope and his business, Powers of Arkansas, challenging a recent notice that the U.S. Department of Veterans Affairs is considering "debaring" the business from continuing to bid on federal contracts.

Hope and Mikel Kullander, who owns a Little Rock construction company, were tried last year by a federal jury on major-fraud charges accusing them of falsely claiming that a joint business they formed, DAV Construction, was run by a service-disabled veteran. That allowed the company to qualify for lucrative government contracts set aside for businesses run by service-disabled veterans. However, after six days of trial and 1½ days of deliberation, jurors deadlocked on the charges, causing a mistrial. U.S. Attorney Cody Hiland declined to retry them, and the charges were dropped on Nov. 7.

In a lawsuit filed Feb. 8, Hope complained that a debarment notice he had recently received was unfairly forcing him to defend the same allegations in a civil investigation, when the department could and should have pursued the matter civilly in the first place. He alleged that the agency was violating his due-process rights, and sought an injunction to prevent the agency from enforcing a suspension of contracts with his company and a restraining order to prevent his business from being excluded from bidding on federal contracts.

In response, government attorneys said the notice Hope received was just the beginning of an administrative review process and that no decision has been made on whether to debar Powers of Arkansas from further bidding on government contracts. Until an agency decision is final, the attorneys said, federal courts don't have jurisdiction over agencies' administrative processes.

After a hearing on the matter Wednesday, U.S. District Judge Leon Holmes agreed in an order filed Thursday that "the VA's decision-making process has only just begun; there has been no final agency action. Therefore, the [Administrative Procedures Act] does not authorize the Court to review the merits of the proposed debarment at this stage."

He cited previous court cases holding that federal agencies are entitled to use their own discretion on whether to prosecute someone or enforce a policy through either the civil or criminal process, or both.

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From:

To:

Cc:

Bcc:

Subject: Veterans Affairs Secretary's Stand-Up Brief for March 2

Date: Fri Mar 02 2018 08:34:12 CST

Attachments: 180302_VA Secretary's Stand-Up Brief.pptx

Good morning,

Sharing today's VA Secretary Stand-up news briefs.

Very Respectfully,

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VA on Facebook. Twitter. YouTube. Flickr. Blog

Document ID: 0.7.10678.455929-000001

Owner: (b) (6)

Filename: 180302_VA Secretary's Stand-Up Brief.pptx

Last Modified: Fri Mar 02 08:34:12 CST 2018



VA Secretary's Stand-Up Brief

2 March 2018

Executive Summary

References to reports of intrigue and division within VA sustained in coverage. Other outlets and social media followed Rep. Mike Coffman's (R-Colo.) call for Secretary Shulkin's removal.

Storyline	Outlets	Analysis	Trend	Priority
Intrigue and division at VA	CNN	<i>CNN</i> described SVAC members' reactions to reports of infighting within VA and their opinion of Secretary Shulkin considering the OIG report. Beyond reporting these lawmaker reactions, this article largely reviewed previously established narratives from the European travel OIG report storyline. The article gained additional exposure in local outlets via <i>CNN Wire</i> reprints.	Sustained	Resources
Rep. Coffman: Sec "lacks the moral authority" to lead	The Hill , Wash. Times , KMGH (ABC)	Outlets followed a letter sent by the Colo. Republican to President Trump Thursday, in which Coffman called for the replacement of Secretary Shulkin with "a true outsider to the VA's bureaucracy." Reporting noted that Coffman believes the findings of the OIG report demonstrated the Secretary lacks the "moral authority" to serve in the Cabinet. Activity that referenced the letter trended on social media.	Emerged	Resources
Study: NY private sector not ready for Veteran healthcare	Military Times , MedicalXpress , New York Upstate	Outlets sustained coverage of a study that found private sector medical providers are poorly equipped to treat health issues specific to the Veteran population.	Sustained	Choice
Other notable storyline round-up	Forbes , News-Review	<i>Forbes</i> published a contributor piece that lauded VA for being on course to eliminate hepatitis C in the Veteran population. <i>News-Review</i> detailed a report that substantiated allegations that Roseburg VA senior leadership created an environment of intimidation.	Emerged	Service / Resources
White House opioid event	CNN , ABC News , The Hill	Coverage of the event made limited mention of Secretary Shulkin's attendance and almost no reference to VA's reduction of VAMC opioid prescribing rates – <i>The Hill</i> did note opioid use in the VA system declined 41 percent since 2012.	Emerged	Other / Resources / Service
Aide lobbied for Sec. Shulkin ouster	Becker's , Fierce Healthcare	Outside of a reference in the <i>CNN</i> article discussed in the first line, this storyline experienced a rapid decline.	OPIA003432 Declined	Resources

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VA Secretary's Stand-Up Brief

2 March 2018

Social Media Takeaway

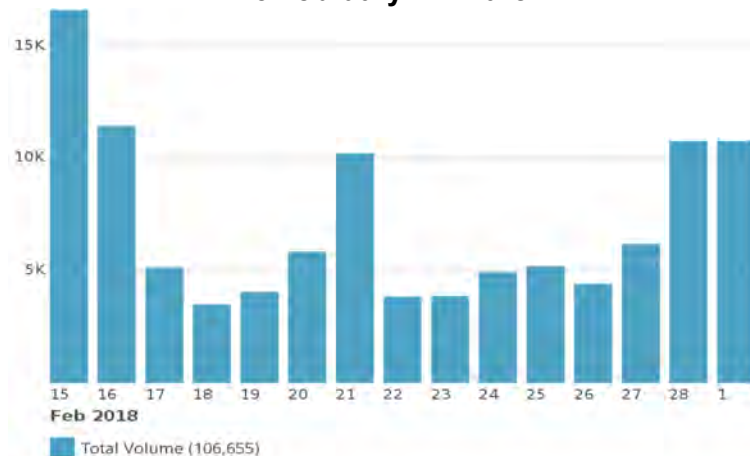
After a significant resurgence yesterday, fmr. Director of the Office of Government Ethics Walter Shaub again started to fade from social media. More users reacted to the plight of an Army Veteran's spouse who faced deportation.

Key Points

- After posting seven of the top ten posts yesterday, just one tweet from @waltshaub appeared in this top list as the second most-retweeted (740+ RTs). In this post, Shaub sustained his criticism of the Secretary and of Congress for failing to join Rep. Mike Coffman (R-Colo.) in calling for Dr. Shulkin's resignation or firing – it also linked to Shaub's Los Angeles Times op-ed, which users shared 1k times.
- Rep. Coffman's own 28 Feb. tweet, that linked to his letter calling for the Secretary's removal, gained an additional 150+ RTs. Another user, an MSNBC producer who tweeted an image of Coffman's official letter, gained 490+ RTs.
- A post, that referenced a storyline that followed the potential deportation of the spouse of a 7th Special Forces Group Veteran, sustained as the most-retweeted (3.1k RTs) as its pace of retweets grew by nearly double. It continued as the primary driver of #veteran and #7th.
- In other notable activity, one user criticized the Democrats for applauding "people illegally in our country" for protesting while doing "absolutely nothing" about Veterans "abused at the VA hospital" (520+ RTs). This post was a main driver of #Veterans and the primary driver of #Democrats in VA-related activity.
- Low user engagement marked VA Facebook posts. The most popular post of the day, Veteran of the Day garnered a slightly less than nominal 420+ reactions.

Twitter and Facebook Volume:

15 February – 1 March



Notable Social Media Items

Platform	Item	Relevance
Twitter	#veteran / #7th	3.3k / 3.2k Mentions
Twitter	#Veterans / #Democrats	920+ / 530+ Mentions
Facebook	<u>Veteran of the Day: Bethany Juris (USN)</u>	420+ Reactions, 90+ Shares

OPIA003433

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From:

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Cc:

Bcc:

Subject: [EXTERNAL] 2 March Veterans Affairs Media Summary and News Clips

Date: Fri Mar 02 2018 04:15:35 CST

Attachments: 180302_Veterans Affairs Media Summary and News Clips.docx
180302_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.10678.455912-000001

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Filename: 180302_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Fri Mar 02 04:15:35 CST 2018



Veterans Affairs Media Summary and News Clips

2 March 2018

1. [Top Stories](#)

1.1 - CNN (Video): [Embattled VA Secretary Shulkin faces skeptical Congress](#) (1 March, Juana Summers, 29.7M uvm; Atlanta, GA)

In the weeks since a sharply critical inspector general report faulted Veterans Affairs Secretary David Shulkin with misusing taxpayer funds and amid reports of an agency rife with tension and infighting, Shulkin has maintained that he is fully in control, insisting that he has "no tolerance" for those who try to distract from the department's mission. But on Capitol Hill, lawmakers seem frustrated by a steady stream of events that have put more attention on the agency's internal squabbles than the veterans it seeks to serve.

[Hyperlink to Above](#)

1.2 - The Hill: [GOP lawmaker to Trump: Shulkin 'lacks the moral authority' to lead VA](#) (1 March, Brandon Carter, 11.8M uvm; Washington, DC)

Rep. Mike Coffman (R-Colo.) is renewing his calls for Veterans Affairs Secretary David Shulkin to resign, saying Shulkin "lacks the moral authority" to lead the department. In a letter sent to President Trump Thursday, Coffman slammed Shulkin for his alleged "abuse of taxpayer's funds and government resources" and called on Trump to "relieve Secretary Shulkin of his duties."

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1.3 - Military Times: [Study: Private sector may not be ready for new veteran patients](#) (1 March, Leo Shane III, 2.1M uvm; Springfield, VA)

Lawmakers appear poised to send tens of thousands of veterans in the private sector for health care in an effort to provide quicker, more convenient appointments for an array of medical needs. But a new study casts doubt on whether private care providers can do that. Researchers from the Rand Corp. on Thursday released a new study of New York state medical providers that noted the majority of physicians working outside Veterans Affairs programs...

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2. [Greater Choice for Veterans](#)

2.1 - MedicalXpress: [Most health providers in New York not ready to care for veterans, study finds](#) (1 March, Rand Corporation, 1.5M uvm; New York, NY)

Only about 2 percent of the physicians and other health care providers in New York State are equipped to provide timely and quality care to veterans in the community, according to a new RAND Corporation study. Scoring the civilian medical workforce across seven measures of readiness to treat veterans, the study found that most providers fell short on items such as being familiar with the military culture or routinely screening for conditions common among veterans.

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2.2 - KFDA (CBS-10): [VA Medical Center undergoing renovations to improve healthcare quality](#) (1 March, Mike Makie, 193k uvm; Amarillo, TX)

The VA Medical Center is currently undergoing construction in order to improve the quality of healthcare they provide to veterans. With aging infrastructure, certain facilities that provide

health care are in need of an update. The Veterans Medical Center is currently in Phase 1 of their two part plan to modernize facilities.

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2.3 - New York Upstate: [Most NY docs not ready to care for veterans seeking VA alternatives, study shows](#) (1 March, James T. Mulder, 155k uvm; Syracuse, NY)

As the government considers sending more military veterans to community doctors for medical care, a new study shows most New York doctors are not prepared to handle them. Only about 2 percent of doctors and other health care providers in New York are equipped to provide timely and quality care to veterans, according to a RAND Corporation study funded by the New York State Health Foundation.

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3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - New York Times: [New York Today: The Art of Healing](#) (1 March, Alexandra S. Levine, 30M uvm; New York, NY)

A nationwide art competition for veterans is underway, and several New Yorkers are among the finalists. The annual contest, called the National Veterans Creative Arts Festival and hosted by the Department of Veterans Affairs, draws thousands of veterans to their local V.A. centers to share works including painting, poetry and dance numbers.

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4.2 - Daily Caller (Video): [VA IG Findings Create A Serious Credibility Problem For Shulkin In Hacking Claims](#) (28 February, Luke Rosiak, 12M uvm; Washington, DC)

Department of Veteran Affairs Secretary David Shulkin's insinuation to Congress that the department had been hacked was not based in fact, the agency's inspector general said Tuesday. The accusations raise serious questions about whether Shulkin attempted to mislead Congress by implying that an incriminating email attributed to his chief of staff might not be authentic because someone had stolen her identity.

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4.3 - Washington Times: [Rep. Mike Coffman calls on Trump to fire VA Secretary Shulkin](#) (Dave Boyer, 10.8M uvm; Washington, DC)

A Republican on the House Veterans Affairs Committee is calling on President Trump to fire VA Secretary David Shulkin in the wake of a scandal over his travel expenses and other issues. Rep. Mike Coffman of Colorado told the president in a letter Wednesday that Mr. Shulkin "lacks the moral authority to achieve your goals of a transparent, accountable VA that is dedicated to meeting our nation's obligations..."

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4.4 - KMGH (ABC-7): [Rep. Mike Coffman doubles down on VA secretary, asks Trump to fire him for misusing taxpayer money](#) (1 March, Blair Miller, 2.1M uvm; Denver, CO)

U.S. Rep. Mike Coffman is doubling down on his demands that the Veterans Affairs secretary be out of his job, now asking the president himself to fire the secretary for misusing taxpayer money on a trip to Europe. Coffman, a Colorado Republican who is a member of the House Veterans Affairs Committee, called for VA Secretary David Shulkin to resign last month...

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4.5 - Becker's Hospital Review: [Top VA aide allegedly lobbied Congress to call for Dr. Shulkin's resignation](#) (1 March, Leo Vartorella, 441k uvm; Glencoe, IL)

John Ulliot, the assistant secretary for public and intergovernmental affairs at the Department of Veterans Affairs, allegedly probed a Congressional aide to try and get lawmakers to call for VA Secretary David Shulkin, MD, to resign, according to USA Today. Mr. Ulliot, along with Dr. Shulkin's spokesman Curt Cashour, called a senior aide at the House Committee on Veterans Affairs Feb. 15 to convince members of the committee...

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4.6 - The News-Review: [Investigative report: Senior VA leadership created environment of intimidation; radiology, cardiology, psychiatric issues identified](#) (1 March, 160k uvm; Roseburg, OR)

The federal Office of the Medical Inspector has demanded changes from the Roseburg Veterans Affairs Medical Center, including removing some managers, a summary report reveals. The report follows an investigation into alleged whistle-blower retaliation and clinical concerns at the Roseburg VA. The investigation was requested by U.S. Rep. Peter DeFazio, D-Springfield, who said he had been contacted by hundreds of current and former employees alleging problems with VA management.

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4.7 - Herald-Mail: [Veterans show off creativity at Martinsburg Veterans Affairs Medical Center art festival](#) (1 March, Richard Belisle, 158k uvm; Hagerstown, MD)

David Sterling, one of the veterans who submitted entries in 20 categories for a Martinsburg Veterans Affairs Medical Center art festival, said Thursday that his painting career began "when I was 5 and painted my dad's brand new car." "I didn't like the color, so I got out a bucket of paint and a brush and painted it," Sterling, a 75-year-old U.S. Navy veteran, said while waving his arms to demonstrate the broad brush strokes he used.

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4.8 - New Hampshire Public Radio (Audio): [Veterans to Perform in 'Make Sure It's Me,' a Play About TBI, at Manchester VA](#) (1 March, Peter Biello, 151k uvm; Concord, NH)

Sean Carrier is an Army veteran. He's 44 years old, and while serving in Iraq he survived seven IED blasts. "And then I was in a hard landing in a C-130." Translation: He was in a plane crash. He was medically discharged about a decade ago and Carrier says adjusting to civilian life was difficult, in part because of his headaches.

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4.9 - Fierce Healthcare: [A top VA aide pushed Congress to back Secretary David Shulkin's ouster: report](#) (1 March, Paige Minemyer, 141k uvm; Washington, DC)

One of the top staffers for VA Secretary David Shulkin, M.D., asked Congress to help push him out, according to a report from USA Today. Two sources told the newspaper that John Ulliot, the Department of Veterans Affairs' assistant secretary for public affairs, asked a senior aide to the House Committee on Veterans Affairs to convince legislators to contact the White House and call for Shulkin's ouster.

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4.10 - Pentagonam: [Morale-boosting veterans-turned-pin-ups visit D.C.](#) (1 March, Jim Dresbach, 45k uvm; Easton, MD)

The nonprofit organization is known as Pin-Ups for Vets. Do not be deceived by the connotation of the word pin-up: the women involved in Pin-ups for Vets are United States military veterans, who wardrobe themselves in 1940s fashions and hairstyles and are as clean and crisp as a Glenn Miller ballad.

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4.11 - WCBE (NPR-90.5, Audio): [Exhibit Featuring Artwork By Veterans Reveals Art's Healing Power](#) (1 March, Mike Foley, 35k uvm; Columbus, OH)

Doodle to Fine Art includes projects created by veterans from a series of classes taught by Columbus artist Nicole Monahan. It also launched a Columbus VA research study examining the benefits of an art-making workshop for veterans. Organizers began with a simple question - can art make a difference in the health and wellbeing of veterans? For those with projects in the exhibit, the answer is a resounding yes.

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4.12 - News-Sentinel: [Komets Kare Package helping VA start food pantry](#) (1 March, Blake Sebring, 26k uvm; Fort Wayne, IN)

The Northern Indiana Veterans Administration Health System has opened a new food pantry stocked primarily with donations from Komets Kare Package. The pantry, located at 2121 Lake Ave. in the VA Hospital, is open to serve veterans. "Right now, it's being shared with our staff, and if a veteran comes in and has a special circumstance or a need we are able to provide them a box of items," said VA Voluntary Services Manager Erica Jones.

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4.13 - ConnectingVets: [Is Shulkin fighting for his job? ...or is he keeping VA from privatization?](#) (1 March, Jonathan Kaupanger, 24k uvm; New York, NY)

VA staff was relieved when David Shulkin's name was floated to take the top spot at Veterans Affairs. Sources inside VA tell Connecting Vets there was concern about other names floated before his. Everyone assumed Shulkin – who was already serving as undersecretary for health – would know what he was getting into.

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4.14 - The Chronicle: [Parkers Ferry Native Appointed to National Committee on Women Veterans](#) (1 March, 19k uvm; Charleston, SC)

Keronica Richardson, an Army Veteran and native of Parkers Ferry having attended Baptist Hill High School, was recently appointed to serve one term on the U.S. Department of Veterans Affairs (VA) Advisory Committee on Women Veterans, a diverse panel of experts whose task is

to inform the VA Secretary about issues and programs that impact women veterans, as well as recommend policy and legislative changes.

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4.15 - The Economist: [What is going on at the VA? A window onto the Trump administration's special brand of chaos](#) (1 March, 600k uvd; New York, NY)

DAVID SHULKIN, the secretary of veterans' affairs, did a dim-witted thing when he took a leisurely trip to Europe in July 2017 at taxpayers' expense. The government paid his wife's travel costs while the pair toured Westminster Abbey, cruised down the Thames, improperly accepted tickets to Wimbledon and went shopping in Denmark. For this, Mr Shulkin has been appropriately excoriated by his department's inspector-general in a report that was released on February 14th.

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5. [Improve Timeliness of Service](#)

5.1 - Forbes: [The VA Will Eliminate Hepatitis C In Veterans By Year-End](#) (1 March, John LaMattina, 30M uvm; Jersey City, NJ)

Only a few years ago, stories appeared in the media about how tens of thousands of U.S. veterans were infected with hepatitis C and that the government couldn't afford to treat them. Typical was a CBS News report headlined "VA can't afford drug for veterans suffering from hepatitis C". The drug in question was Gilead's Sovaldi, a once-a-day pill that remarkably can cure hepatitis C over a 12-week regimen.

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5.2 - New York Daily News: [The other military parade we need: A March for Honor, for less-than-fully-honorable discharges](#) (1 March Rob Cuthbert, 26M uvm; New York, NY)

Saturday night, President Trump publicly staked out Veterans Day as a possible date for his military parade. According to Trump, the parade would run "up and down Pennsylvania Ave.," include a lot of "flyovers," and be "great for the spirit of the country." For a long time, I have hoped that thousands of veterans would march in Washington, D.C. However, none of these veterans currently serve in our military.

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5.3 - Becker's Hospital Review: [Feds investigate Miami VA for giving veterans inaccurate HIV results](#) (1 March, Megan Knowles, 441k uvm; Glencoe, IL)

The Miami Veterans Affairs Medical Center gave at least eight military veterans who were tested for HIV at the facility different results than tests from an outside lab, according to the U.S. Office of Special Counsel. The discrepancy in the results was only revealed after one of the Miami facility's employees, Roman Miguel, a lab director, complained to outside agencies that managers chose to ignore his concerns, according to an independent federal investigator.

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5.4 - New Hampshire Public Radio (Audio): [Dr. Funk, VA Whistleblower, Says Task Force Producing Detailed Review of Care](#) (1 March, Peter Biello, 151k uvm; Concord, NH)

The task force looking at the future of health care for New Hampshire's veterans has drafted some suggestions for improvements at the Manchester VA, and those suggestions do not include the construction of a new full-service VA hospital. This task force was put together last year after whistleblowers came forward with allegations of mismanagement at the VA. Dr. Erik Funk was the sole whistleblower to be named to the task force.

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5.5 - Task & Purpose (Video): [‘Don’t Ask, Don’t Tell’ Is Gone, But Its Effects Still Haunt LGBT Veterans](#) (28 February, Stephanie Russell-Kraft, 102k uvm; New York, NY)

It's been just over six years since the military ended its Don't Ask, Don't Tell policy, allowing gay, lesbian and bisexual service members to serve without needing to hide their sexual orientation for the first time. For some new recruits, the policy is already a relic, but for veterans who served before it ended, the discrimination they endured still feels fresh. Some of them were discharged because of the policy, while others merely suffered in silence until it ended. Many have shunned the label "veteran" altogether.

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5.6 - WVTF (NPR-89.1, Audio): [Virginia VA Medical Center at the Front of National Study on Oral Care](#) (1 March, Jeff Bossert, 54k uvm; Roanoke, VA)

Something most of us take for granted could become a national standard for when we need to be hospitalized. A nursing researcher at a veterans' hospital in Virginia helped start a national study – that could one day become hospital policy. It suggests using a toothbrush could become an easy way to reduce the risk of serious illness.

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5.7 - KPIC (CBS-4): [DeFazio: Investigation confirmed 'problems' at Roseburg VA Healthcare System](#) (1 March, 52k uvm; Roseburg, OR)

An investigation by the U.S. Department of Veterans Affairs found "problems with employee management and intimidation, medical care, and inadequate resources" at the Roseburg VA Healthcare System, Rep. Peter DeFazio said Thursday. "I'm pleased to see that the VA has substantiated the numerous claims employees, patients, and former staff have raised with my office," the Democrat from Springfield, Oregon, said.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Everyday Health: [Organizations Ask for Brain Donations From Veteran Women to Study Concussions, PINK Concussions and the VA's National Center for PTSD say that brain donations can help close knowledge gaps on TBIs in women in and outside of the military](#) (1 March, Mia Garchitorea, 10.8M uvm; New York, NY)

After receiving a serious brain injury from a skydiving training accident in 2006, Harmony Allen, 38, suffered from memory loss, right-sided blindness, imbalance issues, and post-traumatic stress disorder. She was officially diagnosed with a traumatic brain injury (TBI) in 2010. Allen

was medically discharged from the Air Force in 2011 and continues to suffer from TBI symptoms today.

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7.2 - Military Times (Home HQ): [VA supplemental loan: Who's eligible, how it works ... and what it covers](#) (1 March, Kevin Lilley, 2.1M uvm; Springfield, VA)

Veterans looking to make improvements or repairs on a home with a VA-backed mortgage may be able to use another VA loan product to help. Supplemental loans can be used for most anything that results in "improving the basic livability or utility of the property," according to the VA Lenders Handbook. But there are eligibility restrictions, and veterans seeking to make certain types of improvements may be out of luck.

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7.3 - KPBS (PBS-15): [VA Needs More Women To Participate In Head Trauma Research](#) (1 March, Steve Walsh, 278k uvm; San Diego, CA)

Research into concussions often does not involve women, including women veterans. In an effort to gather more data, the nonprofit Pink Concussions has started a collaboration with the Veterans Health Administration to promote the idea of women posthumously donating their brains for future studies.

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7.4 - Anniston Star: [Phillip Tutor: Sleeping under an Anniston house](#) (1 March, Phillip Tutor, 189k uvm; Anniston, AL)

Each day, without fail, Lori Floyd's office door opened and he walked in, large and occasionally loud. Sometimes it rained. Other days the sun baked the ground. But he never missed a day, week after week, for months on end. "And when I say every single day," Floyd says, "I mean every single day."

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8. [Other](#)

8.1 - CNN: [Embattled Cabinet members attend White House opioid event](#) (1 March, Dan Merica, 29.7M uvm; Atlanta, GA)

Three embattled Cabinet secretaries -- Attorney General Jeff Sessions, Housing and Urban Development Secretary Ben Carson and Veterans Affairs Secretary David Shulkin -- all appeared at a White House summit on the opioid epidemic, carrying on with business as usual.

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8.2 - ABC News (Video): [At opioid summit, Trump suggests dealers should get the death penalty](#) (1 March, Alexander Mallin, 24.1M uvm; New York, NY)

President Donald Trump made a surprise stop by the White House's summit on opioids today, where he suggested dealers face "the ultimate penalty" for their roles in drug-related deaths. The summit came more than four months after Trump declared the opioid crisis a public health emergency, though the decision faced criticism as it stopped short of a national emergency

declaration that would have made an additional surge of federal funds available to address treatment and recovery efforts.

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8.3 - Daily Caller: [Trump Department Of Veterans Affairs Must Act On DOG ABUSE](#) (2 March, Roger Stone, 12M uvm; Washington, DC)

Following my op-ed and mounting criticism from the veterans' community, conservative media, GOP pundits, faith leaders including Pat Robertson, Congress, and determined taxpayer advocacy group White Coat Waste Project, the Daily Caller was the first to get VA Secretary David Shulkin on-the-record saying, "I am not a strong believer in the need for canine research."

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8.4 - The Hill: [Melania Trump calls for action at opioid summit](#) (1 March, Peter Sullivan, 11.8M uvm; Washington, DC)

Azar highlighted his discussions at the National Governors Association's winter meeting last weekend, where he encouraged governors to apply for waivers that allow states to expand the opioid addiction treatments that Medicaid can be used to compensate. "I'm hopeful that we'll see a faster clip," Azar said. "Those waivers are very easy to do." Shulkin highlighted that opioid use in the VA system has declined 41 percent since 2012.

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[1. Top Stories](#)

1.1 - CNN (Video): [Embattled VA Secretary Shulkin faces skeptical Congress](#) (1 March, Juana Summers, 29.7M uvm; Atlanta, GA)

Washington (CNN) In the weeks since a sharply critical inspector general report faulted Veterans Affairs Secretary David Shulkin with misusing taxpayer funds and amid reports of an agency rife with tension and infighting, Shulkin has maintained that he is fully in control, insisting that he has "no tolerance" for those who try to distract from the department's mission.

But on Capitol Hill, lawmakers seem frustrated by a steady stream of events that have put more attention on the agency's internal squabbles than the veterans it seeks to serve.

Two top Democrats on the Senate Veterans Affairs Committee -- Jon Tester of Montana and Sen. Patty Murray of Washington -- each pointed to "chaos" and "infighting" at the department.

"I'm deeply concerned by reports of chaos at the highest levels of VA, which seems to be a trademark of this Administration," Murray, who was briefed on Thursday by department Inspector General Michael Missal on Thursday about the investigation, said in a statement. "That chaos is a huge disservice to millions of veterans across the country who deserve a department that is fully focused on serving their needs."

Cassie Byerly, a spokeswoman for Tester, said that "veterans deserve better than a VA that's crippled by infighting."

Asked whether Tester still backed Shulkin, Byerly said that America's veterans need leaders at the Veterans Affairs Department and in the White House focused on ending the department's Veterans Choice Program and ensuring veterans have access to quality care.

"That means we need a secretary who works for our veterans, not for the Koch Brothers," she said.

Shulkin has been working to clear his name and restore confidence in his leadership since the inspector general report found that he and senior members of his staff misled agency ethics officials and that Shulkin misused taxpayer funds.

Shulkin has taken issue with the report, calling it "entirely inaccurate," but has said he would follow all inspector general recommendations and has already repaid the US Treasury for his wife's travel. He has said that he regrets that the matter has taken the focus off the department's mission.

He has also said that the Europe trip, which included a veterans mental health conference as well as sightseeing and a Wimbledon match, was essential to his job.

But it is also unclear whether he has full control of his agency as power struggles over competing policy priorities between Shulkin and Trump appointees spill into the open.

Those include the departure of Shulkin's chief of staff, who was named in the IG investigation, and reports that two White House advisers were meeting with key veterans groups to discuss policy issues without the presence of Shulkin's key aides.

The latest signal of turmoil came Wednesday when USA Today and The Washington Post each reported that John Ulyot, a senior aide at the department, tried to get a top House Veterans' Affairs Committee staffer to encourage members to demand the resignation of Shulkin, and his deputy secretary, Thomas Bowman. Ulyot was joined on the call by the department's press secretary, Curt Cashour, the newspapers reported.

Ulyot and Cashour in a joint statement provided to reporters disputed the characterization of the call and said the allegation was "ridiculous."

Amanda Maddox, a spokeswoman for Sen. Johnny Isakson, the chairman of the Senate Veterans Affairs Committee, told CNN that Isakson still "strongly supports" Shulkin, but did not respond to a request for comment on Shulkin's aides reportedly attempting to oust him. Tiffany Haverly, communications director for House Veterans' Affairs Committee Chairman Rep. Phil Roe, said that Roe has said "both publicly and privately, on multiple occasions, that the secretary and deputy secretary have his full support."

So far, just one lawmaker -- Colorado Republican Rep. Mike Coffman, a member of the House Veterans Affairs panel -- has called for Shulkin's resignation. On Wednesday, he called on President Donald Trump to remove Shulkin from his job, saying that Shulkin "clearly lacks the moral authority to lead the VA" and the integrity expected of a member of Trump's Cabinet.

Shulkin was at the White House on Thursday -- alongside two other embattled Cabinet heads -- for a White House summit on the opioid epidemic, a chief policy priority of the Trump administration.

During the daily briefing, White House press secretary Sarah Sanders said that Shulkin was "glad for the job [Shulkin] is doing to reform and modernize the VA," and that the President supported that work. She added that the White House is reviewing Shulkin and his wife's travel expenses, to ensure that Shulkin is "being responsible with taxpayer dollars."

CNN's MJ Lee contributed to this report.

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1.2 - The Hill: [GOP lawmaker to Trump: Shulkin 'lacks the moral authority' to lead VA](#) (1 March, Brandon Carter, 11.8M uvm; Washington, DC)

Rep. Mike Coffman (R-Colo.) is renewing his calls for Veterans Affairs Secretary David Shulkin to resign, saying Shulkin "lacks the moral authority" to lead the department.

In a letter sent to President Trump Thursday, Coffman slammed Shulkin for his alleged "abuse of taxpayer's funds and government resources" and called on Trump to "relieve Secretary Shulkin of his duties."

"I also request that you nominate as his replacement a true outsider to the VA's bureaucracy," wrote Coffman, who faces a tough reelection battle this November.

The VA's Office of Inspector General (OIG) released a report last month that found Shulkin's chief of staff doctored an email in an effort to cover up travel expenses racked up by Shulkin's wife.

The report found that Shulkin's chief of staff, Vivieca Wright Simpson, made changes to an official email to get approval for taxpayer funding for Shulkin's wife's flights costing more than \$4,000.

It also said Shulkin misused government resources by accepting gifts of Wimbledon tickets and airfare for his wife when he took a trip to Europe last summer.

Wright Simpson announced her retirement two days after the inspector general's report came out.

Shulkin initially claimed that Wright Simpson's email account had been hacked, but on Wednesday the OIG dismissed the suggestion that that breach had anything to do with the expense emails.

"Based upon the facts provided in this OIG report, I believe that Secretary Shulkin clearly lacks the moral authority to lead the VA and the integrity expected of a member of your cabinet," Coffman wrote to Trump.

"When the leader of a department is seen as willing to violate or stretch the rules to personal advantage, the example set is unacceptable," he continued. "Inevitably, employees throughout the VA will consider the example set by Secretary Shulkin as a 'green light' to avoid accountability, to take opportunities for personal enrichment, or other violations of laws, regulations, and their duties."

Coffman's letter comes one day after reports that one of Shulkin's own top aides has been lobbying lawmakers to get the VA chief fired.

After the report's release, Shulkin said he reimbursed the federal government for his wife's travel expenses, but denied any involvement with the tampered emails. He said he would not resign, adding he wouldn't "be distracted by issues like that" when asked about the report.

Shulkin was tapped by former President Obama to serve as the VA under secretary for health before President Trump nominated him to lead the department last year.

Coffman originally called for Shulkin's resignation after the inspector general report was first released.

The Colorado Republican has long been an electoral target for Democrats. Former President Obama won his district in 2012 and Hillary Clinton won it in 2016.

A recent poll released by Democratic-leaning pollster Public Policy Polling found candidate Jason Crow (D) holds a 44 percent to 39 percent lead over Coffman heading into the 2018 midterm elections.

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1.3 - Military Times: [Study: Private sector may not be ready for new veteran patients](#) (1 March, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Lawmakers appear poised to send tens of thousands of veterans in the private sector for health care in an effort to provide quicker, more convenient appointments for an array of medical needs.

But a new study casts doubt on whether private care providers can do that.

Researchers from the Rand Corp. on Thursday released a new study of New York state medical providers that noted the majority of physicians working outside Veterans Affairs programs “know little about the military or veterans, are not routinely screening for conditions common among veterans, and are unfamiliar with VA.”

Though restricted to one state, the findings echo concerns among critics of the White House push to send more veterans outside the VA’s medical system to receive care: that easing access for veterans appointments may bring with it a host of other, unintended problems.

House and Senate lawmakers are currently crafting separate but similar measures which would ease access for veterans to receive health care from doctors in their communities at the federal government’s expense.

VA already pays for a significant amount of community care among its patients — last year, about one-third of all medical appointments were at sites outside the Veterans Health Administration — but the new realignment would push even more resources into those private-sector appointments and reduce administrative restrictions on veterans’ eligibility to access them.

Conservative groups have pushed for President Donald Trump to go even further and adopt a system where veterans could choose whether to skip VA services altogether in favor of their own local physicians but still have federal agencies pay for the costs.

That has drawn accusations of privatization of VA services and responsibilities, a fight that has lead to significant internal turmoil at the department in recent weeks.

One of the concerns raised has been whether military-specific health care issues like combat traumatic brain injury can be diagnosed and treated by doctors outside the VA system. The Rand study states that while access to care may improve with broader VA rules, actual wellness among veterans may not.

“We found that most providers regularly screened patients for pain-related concerns, but fewer regularly screened for suicide risk, sleep-related problems, and other issues,” researchers wrote. “Providers in the metropolitan region were less likely than providers in the western region to screen for common conditions among veterans.”

Only about one in three providers met a the study’s “minimum threshold for familiarity with military culture” and only one in five routinely asked patients if they had a military background.

Researchers also concluded that veterans with significant disabilities “might not always receive appropriate accommodations in the community-based health care setting” given unfamiliarity with their types of injuries.

The study does not outright reject the idea of expanding community care, but instead notes that “significant efforts are needed to increase the readiness of community-based providers to deliver culturally competent, high-quality care” if such changes are made.

And researchers acknowledge that their findings have limitations for the national health care picture given that they focus on only one state, albeit one with around 900,000 veterans, among the largest totals in the country.

Lawmakers and VA officials had hoped to complete the health care overhaul last spring, but have been forced to extend funding for the controversial VA Choice program twice as negotiations in Congress have stalled. They’ll need another funding bridge later this spring if the two chambers can pass changes soon.

Meanwhile, VA Secretary David Shulkin has repeatedly stated he is not in favor of privatizing his department’s duties or services, but does believe that the future of veterans health care depends on a network of federal and private-sector providers to ensure reliable access and quality care.

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2. Greater Choice for Veterans

2.1 - MedicalXpress: [Most health providers in New York not ready to care for veterans, study finds](#) (1 March, Rand Corporation, 1.5M uvm; New York, NY)

Only about 2 percent of the physicians and other health care providers in New York State are equipped to provide timely and quality care to veterans in the community, according to a new RAND Corporation study.

Scoring the civilian medical workforce across seven measures of readiness to treat veterans, the study found that most providers fell short on items such as being familiar with the military culture or routinely screening for conditions common among veterans.

The study is the first to gather information about the readiness of community-based providers across a wide array of professional types to address the health needs facing veterans. The issue is important because federal officials are considering whether to encourage more veterans to use their benefits to receive care in the community rather than from the Veterans Affairs health system.

"These findings reveal significant gaps and variations in the readiness of community-based health care providers to provide high-quality care to veterans," said Terri Tanielian, the study's lead author and a senior behavioral scientist at RAND, a nonprofit research organization. "It appears that more work needs to be done to prepare the civilian health care workforce to care for the unique needs of veterans."

New York State is home to more than 800,000 veterans, half of whom are younger than 65 years of age. The VA spends about \$6.3 billion annually on benefits and services for veterans in the state, with nearly one-half spent on medical services.

The New York State Health Foundation asked RAND to assess the readiness and capacity of the state's civilian health workforce to deliver high-quality care to veterans.

"We know from earlier RAND research that about half of New York's veterans prefer to get care in their own communities, rather than at the VA," said David Sandman, president and CEO of the New York State Health Foundation. "Given this demand for community-based care, we wanted to better understand whether providers are prepared to meet veterans' needs. This report offers both a snapshot of where we are today and a roadmap for improvement."

The study is based on a survey of 746 health care providers from across the state, who were asked about their practice habits and familiarity with the VA health system. Those questioned included physicians, nurse practitioners, psychologists and other types of licensed health professionals.

Health providers were asked about seven measures of readiness: whether they were accepting new patients, whether they were prepared to treat conditions common among veterans, whether they used clinical practice guidelines in providing care, whether they screen for conditions common among veterans, whether they accommodate patients with disabilities, whether they were familiar with military culture, and whether they screen patients for military and veteran affiliation.

Researchers developed the measures of preparedness by consulting the medical literature about issues important for offering high-quality and timely care to veterans.

While more than 90 percent of the health providers said they could accommodate new patients, the proportion of providers prepared to care for veterans falls sharply as researchers applied the other measures across the health workforce.

Apart from whether providers are ready to provide high-quality care for veterans, researchers found that it may be difficult for veterans in New York to find health providers prepared to accept VA coverage.

Fewer than 5 percent of the health care providers surveyed reported being part of VA Community Care, the network of providers who accept VA benefits. Mental health providers were the least likely to be enrolled in the program.

Researchers suggest that training programs are needed to increase health providers' military cultural competence and knowledge of the VA. In addition, efforts are needed to encourage providers to appropriately screen veteran patients for common service-connected conditions.

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2.2 - KFDA (CBS-10): [VA Medical Center undergoing renovations to improve healthcare quality](#) (1 March, Mike Makie, 193k uvm; Amarillo, TX)

AMARILLO, TX (KFDA) - The VA Medical Center is currently undergoing construction in order to improve the quality of healthcare they provide to veterans.

With aging infrastructure, certain facilities that provide health care are in need of an update.

The Veterans Medical Center is currently in Phase 1 of their two part plan to modernize facilities.

"As a veteran myself, it's very exciting to see what the VA is doing to provide an environment for our veterans," said Engineer Alejandro Ortiz. "To just give them a much more modernized facility, a much more welcoming place for them to seek their health care."

Ortiz enjoys seeing a building that was built nearly 70-years-ago continue to be modernized.

"I think it puts us in the lead, on the forefront of it. We do have aging infrastructure throughout the country, and it certainly puts us at the forefront of that curve," said Ortiz.

Construction crews have been working to renovate the south side of the building to bring it comparable to the north.

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Before construction, rooms on the south side were built to treat two veterans at a time.

When completed, each veteran will get their own room and private restroom.

Nurse Manager Lindsey Johnson says that will provide a feeling that is more like home.

"It's just a more homey feel that allows for patients and families to come in and receive the care that they need," said Johnson.

Johnson said the new additions will help allow staff to go the extra mile while administering treatment.

"There is lift equipment in every single room, every bathroom," said Johnson. "It allows our staff to provide outstanding care to our veterans while ensuring safety."

However, Ortiz construction can sometimes interfere with the ability to provide care.

"Sometimes we're not able to see them as quickly as we can due to the renovations," said Ortiz. "So we do have to shuffle spaces around to accommodate them. So unfortunately we do impact our patients in that manner."

Johnson hopes renovations will ease the uncomfortable feeling some may feel when they are treated at a hospital.

"Being in the hospital is a very vulnerable time, so just having very nice, comforting facilities can help with the healing process I think, and just the overall veteran experience," said Johnson.

Engineers says they hope to have construction completed and all rooms open and serving veterans by October of 2019.

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2.3 - New York Upstate: [Most NY docs not ready to care for veterans seeking VA alternatives, study shows](#) (1 March, James T. Mulder, 155k uvm; Syracuse, NY)

SYRACUSE, N.Y. -- As the government considers sending more military veterans to community doctors for medical care, a new study shows most New York doctors are not prepared to handle them.

Only about 2 percent of doctors and other health care providers in New York are equipped to provide timely and quality care to veterans, according to a RAND Corporation study funded by the New York State Health Foundation.

The study found most providers are not familiar with military culture or routinely screen for conditions common among veterans.

The study comes at a time when federal officials are considering allowing more veterans to use their benefits to get care in the community instead of VA hospitals.

"These findings reveal significant gaps and variations in the readiness of community-based health care providers to provide high-quality care to veterans," Terri Tanielian, the study's lead author, said in a prepared statement. "It appears that more work needs to be done to prepare the civilian health care workforce to care for the unique needs of veterans."

New York is home to more than 800,000 veterans, half of them under 65. The VA spends about \$6.3 billion annually on benefits and services for veterans in the state, with nearly one-half spent on medical services.

A previous RAND study found about half of New York's veterans prefer to get care in their own communities instead of at the VA.

The study is based on a survey of 746 health care providers from across the state, who were asked about their practice habits and familiarity with the VA health system. Those questioned included physicians, nurse practitioners, psychologists and other types of licensed health professionals.

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3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - New York Times: [New York Today: The Art of Healing](#) (1 March, Alexandra S. Levine, 30M uvm; New York, NY)

Good morning on this dry-to-drippy Thursday.

A nationwide art competition for veterans is underway, and several New Yorkers are among the finalists.

The annual contest, called the National Veterans Creative Arts Festival and hosted by the Department of Veterans Affairs, draws thousands of veterans to their local V.A. centers to share works including painting, poetry and dance numbers.

It can also serve as a form of therapy, contestants said, helping veterans cope with psychological trauma.

Finalists from the local competitions will be chosen to attend a national festival in Des Moines in the fall. And this week, Sarahlynn Lewis and Nelijah Cox of Brooklyn were named as two of the gold medalists who may go on to represent our city in Iowa.

Ms. Lewis, 70, who grew up in Harlem and served at Fort Lewis in Washington State during the Vietnam era, said she had used art to overcome obstacles in life, beginning in kindergarten.

"When I started, I had a stuttering problem, so I would draw what I was trying to say," Ms. Lewis told us.

Such a fine inspirational feature story; sometimes it feels like (except for what must be the lousy working hours) doing what you guys do...

Ms. Lewis said she was raped while in the Army. After that, she said, art saved her life.

"Doing my artwork, I was able to continue to deal with life itself," she said. "I knew that I had the gift, and it helped me survive."

Sculpture is her specialty. "Sting," a work for which she was made a finalist, brings a scorpion to life through wood carvings. "I kept going and going," Ms. Lewis said of the six months she spent on the sculpture, "and next thing I knew, it looked like it was breathing."

Ms. Cox, 60, who served in West Germany and Fort Jackson in South Carolina in the 1980s before moving to New York in 1989, said that she, too, was raped in the Army and that art had been part of her healing process.

"I suffer from PTSD from sexual trauma when I was in the military — when I went to the V.A., I was very depressed, I was out of it, I was suicidal," Ms. Cox said. She learned needlepoint through the facility's art therapy program.

"We do art every day," she said. "It literally saved our lives. It takes your mind away from the past experiences that are not good for you."

Ms. Cox has since become a master of Egyptian needlepoint. Her piece "Mystic," a project 12 years in the making, earned her consideration for the national competition, which begins in October.

(We're rooting for you both!)

Until then, you can see works by Ms. Lewis, Ms. Cox and other talented veterans at the Manhattan campus of the V.A.'s New York Harbor Health Care System.

[...]

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4.2 - Daily Caller (Video): [VA IG Findings Create A Serious Credibility Problem For Shulkin In Hacking Claims](#) (28 February, Luke Rosiak, 12M uvm; Washington, DC)

Department of Veteran Affairs Secretary David Shulkin's insinuation to Congress that the department had been hacked was not based in fact, the agency's inspector general said Tuesday.

The accusations raise serious questions about whether Shulkin attempted to mislead Congress by implying that an incriminating email attributed to his chief of staff might not be authentic because someone had stolen her identity.

The only evidence of that, it turns out, consisted of an email from a comcast.net address sent hours before he made the assertion. Shulkin implied there was a longstanding pattern of someone convincingly impersonating chief of staff Vivica Simpson's work email.

"Given the 'External' markings and the comcast.net email domain, it is obvious from the face of the 'Vivieca Wright Simpson' email that it did not originate from the VA email system," the IG wrote.

The IG said VA's information technology staff found "no evidence that Simpson's actual VA email account was compromised during any period relevant to the Europe travel investigation or subsequently."

Simpson, who retired hours after the VA first called attention to the incriminating email, would not cooperate with the IG, but said that she had never said her email was hacked.

Shulkin hired a private law firm and crisis PR firm to help him weather a major IG report faulting him for an extravagant trip to Europe and alleging he made false statements about it. It also claimed that Simpson falsified an email the government would pay for Shulkin's wife to go on a trip to Europe.

"Wright Simpson denied having sent the email with altered information, and showed Shulkin evidence that her email had been hacked and that someone had been sending emails in her name, [Shulkin] said," Politico reported Feb. 14 — the day the report was released.

The following day, he faced lawmakers over the report, and again mentioned hacking, suggesting Simpson had been framed.

Minnesota Rep. Tim Walz told Shulkin that if that was true, the hacker should be prosecuted.

"These allegations from the VA Secretary that the third senior-most official at VA may have been the target of criminals committing fraud and computer intrusion with the intention of harming her

reputation, and that these criminal activities took place on VA computers and networks are very serious,” he wrote to Attorney General Jeff Sessions.

Another committee member, Colorado Republican Rep. Mike Coffman, said when Walz offered to help punish the hacker, Shulkin didn’t have the expected reaction. “I looked at the secretary’s face, and he seemed surprised, like ‘uh-oh.’ But what else would you do?” he told The Daily Caller News Foundation.

The following day, Shulkin acknowledged to TheDCNF that the only evidence of impersonation was limited to an occurrence the very day the IG report was released.

“On Wednesday we became aware that Mrs. Simpson’s email was being impersonated by someone else. We have no evidence that that’s related to the IG report ... that’s something we want to understand,” he said.

But he still did not reveal that it was a fake personal email account. TheDCNF asked if Simpson might have sent the email herself to try to get out of trouble. “It’s not the way it was explained to me. It was explained that someone had taken over her email,” he said.

“It was a request to wire money out of the VA to somewhere else,” Shulkin said. “Fortunately, our Finance Department thought that was an unusual request and brought it to our attention so there was no money sent out.”

The VA’s IG wrote to Walz on Tuesday saying it had worked with the Department of Justice Public Corruption unit to obtain Simpson’s records and found the email was far less sophisticated.

Shulkin had personally seen the evidence upon which he based his claim, and it was merely a comcast.net email account that used Simpson’s name and was “purportedly seeking to obtain payment on a purchase order,” the letter said.

The incident therefore could not have explained the Europe travel email, which came from her VA account. Simpson falsified another person’s statement in the email so the government would pay for Shulkin’s wife to go on the trip, the IG claims.

Coffman, the former chair of the VA’s oversight subcommittee, sent a letter to President Donald Trump on Wednesday calling Shulkin’s conduct “disgraceful.”

“I write to ask you the relieve Secretary Shulkin of his current duties,” he wrote.

The hacking excuse wasn’t the first time Shulkin tried to manipulate evidence,” he said. “The Secretary knowingly mischaracterized” a person who gave him free Wimbledon tickets “as a friend of his wife to ethics officials. The report indicates that he did so specifically to mislead the investigators into believing that these tickets qualified for the ‘personal friendship’ exception to the rule prohibiting the acceptance of gifts.”

The report also says that immediately after a reporter called to ask if two were actually friends, Shulkin’s wife called the supposed friend, and they spoke for 10 minutes. Immediately after the call ended, the friend sent a text message saying “hope you are well.” Shulkin’s attorneys attempted to use the text as evidence of a friendship.

Coffman's later says that only days before going on the Europe trip, Shulkin sent a memo to all VA staff "demanding that all VA travel be 'essential' as a cost-saving mechanism. "The Secretary's eleven-day trip consisted of three and a half days of meetings" and "included significant personal time for sightseeing and other unofficial duties," according to the OIG report.

"I believe that Secretary Shulkin clearly lacks the moral authority to lead the VA and the integrity expected of a member of your cabinet," Coffman wrote.

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4.3 - Washington Times: [Rep. Mike Coffman calls on Trump to fire VA Secretary Shulkin](#) (Dave Boyer, 10.8M uvm; Washington, DC)

A Republican on the House Veterans Affairs Committee is calling on President Trump to fire VA Secretary David Shulkin in the wake of a scandal over his travel expenses and other issues.

Rep. Mike Coffman of Colorado told the president in a letter Wednesday that Mr. Shulkin "lacks the moral authority to achieve your goals of a transparent, accountable VA that is dedicated to meeting our nation's obligations to the men and women who wore the uniform and made tremendous sacrifices in defense of our freedoms."

"Mr. President, you promised the American people that you would end the culture of corruption and bureaucratic incompetence that for far too long has defined the leadership of the VA," Mr. Coffman wrote. "I write to ask you to relieve Secretary Shulkin of his current duties."

The VA's inspector general issued a report last month finding that Mr. Shulkin misled ethics officials about a trip he took with his wife to Europe last year that included official duties and tourist activities such as the Wimbledon tennis tournament.

Mr. Shulkin's new chief of staff, Peter O'Rourke, has been meeting with VA staffers suspected of trying to undermine him, the secretary told Politico recently.

Mr. O'Rourke replaced Vivieca Wright Simpson after she retired last week. The IG report accused her of doctoring an email to get the VA to pay for Mr. Shulkin's wife to accompany him on the trip to England and Denmark last summer.

Mr. Coffman wrote that Mr. Shulkin "knowingly mischaracterized" the relationship of a woman who gave his wife tickets so it could qualify as an allowable gift. He also said Mr. Shulkin "did not follow his own guidance" that official VA travel should be "essential."

According to the OIG report, the secretary's 11-day trip consisted of three and a half days of meetings, including an evening reception. Further, the report states that the schedule in Europe "included significant personal time for sightseeing and other unofficial activities," Mr. Coffman wrote. "Based on the OIG's evidence and report, it is clear that Dr. Shulkin and his wife prioritized sightseeing at the expense of our nation's taxpayers."

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4.4 - KMGH (ABC-7): [Rep. Mike Coffman doubles down on VA secretary, asks Trump to fire him for misusing taxpayer money](#) (1 March, Blair Miller, 2.1M uvm; Denver, CO)

DENVER – U.S. Rep. Mike Coffman is doubling down on his demands that the Veterans Affairs secretary be out of his job, now asking the president himself to fire the secretary for misusing taxpayer money on a trip to Europe.

Coffman, a Colorado Republican who is a member of the House Veterans Affairs Committee, called for VA Secretary David Shulkin to resign last month after an inspector general report found Shulkin improperly accepted Wimbledon tickets and lied about the 11-day trip to Europe, among other things.

The report by the VA Office of Inspector General found that Shulkin's top aide doctored emails to make it appear as though Shulkin was accepting an award in Denmark so his wife could feely travel.

It also suggested that Shulkin reimburse the U.S. government for more than \$4,000, and that he and his staff displayed "poor judgment and/or misconduct."

Shulkin said he did nothing wrong and said the investigation had a "thread of bias," adding that the report was "a direct assault" on his wife, character, and his "unblemished record of service" to the VA, as Shulkin put it.

Coffman, who has consistently hammered the VA over its over-budget and behind-schedule construction of the new VA hospital in Aurora, said Shulkin made Americans trust the department even less because of his actions and said it was time to "clean house" at the time.

On Wednesday, Coffman sent a letter to Trump urging the president to fire Shulkin, saying the VA secretary had violated the president's trust, as well as that of Americans.

"I believe that Secretary Shulkin clearly lacks the moral authority to lead the VA and the integrity expected of a member of your cabinet," Coffman wrote to Trump, adding that Shulkin was setting a bad example for other VA employees by misusing taxpayer money.

"Mr. President, you promised the American people that you would end the culture of corruption and bureaucratic incompetence that for far too long has defined the leadership of the VA," Coffman wrote to Trump. "Unfortunately, Secretary Shulkin, by his conduct, lacks the moral authority to achieve you goals of a transparent, accountable VA that is dedicated to meeting our nation's obligations to the men and women who wore the uniform and made tremendous sacrifices in defense of our freedoms."

The VA inspector general referred the report on Shulkin and his staffers to the Department of Justice, which declined to prosecute the case.

Coffman's spokesman, Daniel Bucheli, said Thursday that the office had yet to receive any official response from the White House.

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4.5 - Becker's Hospital Review: [Top VA aide allegedly lobbied Congress to call for Dr. Shulkin's resignation](#) (1 March, Leo Vartorella, 441k uvm; Glencoe, IL)

John Ulyot, the assistant secretary for public and intergovernmental affairs at the Department of Veterans Affairs, allegedly probed a Congressional aide to try and get lawmakers to call for VA Secretary David Shulkin, MD, to resign, according to USA Today.

Mr. Ulyot, along with Dr. Shulkin's spokesman Curt Cashour, called a senior aide at the House Committee on Veterans Affairs Feb. 15 to convince members of the committee to call the White House and demand Dr. Shulkin's resignation, two anonymous sources told USA Today.

Mr. Ulyot confirmed the call took place but denied he tried to oust Dr. Shulkin. The VA has been racked with turmoil in recent weeks, with Dr. Shulkin facing criticism for allegedly misappropriating funds for a European trip with his wife and well-documented dissension among his top staffers.

In mid-February, Dr. Shulkin said he was given White House approval to fire top employees who undermine his agenda, reiterating that point to USA Today Feb. 26.

"I am committed to getting us back on track, and the only way I know how to get us back on track is to make sure there is only one agenda in this organization, and that's to serve veterans," Dr. Shulkin told USA Today. "And anybody who is trying to distract from that, I have to make sure that they understand that we're not going to have tolerance for that."

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4.6 - The News-Review: [Investigative report: Senior VA leadership created environment of intimidation; radiology, cardiology, psychiatric issues identified](#) (1 March, 160k uvm; Roseburg, OR)

The federal Office of the Medical Inspector has demanded changes from the Roseburg Veterans Affairs Medical Center, including removing some managers, a summary report reveals.

The report follows an investigation into alleged whistle-blower retaliation and clinical concerns at the Roseburg VA. The investigation was requested by U.S. Rep. Peter DeFazio, D-Springfield, who said he had been contacted by hundreds of current and former employees alleging problems with VA management.

A brief, two-page summary of the Blue Cover Report, dated Wednesday, and received by the News-Review Thursday, said investigators looked into seven allegations and substantiated six of them.

Investigators visited the Roseburg VA, and the Eugene VA clinic, which it runs, in October, November and December. They interviewed 131 present and former employees, according to the report summary. The report said investigators found Roseburg VA senior leadership had created an environment of intimidation, an apparent confirmation of multiple anecdotal reports of bullying and whistle-blower retaliation. Chief of Surgery Dinesh Ranjan, who had been the focus of some allegations of bullying and retaliation, stepped down about a month ago, followed shortly afterward by Director Doug Paxton.

Other substantiated allegations listed in the report involved radiology practices that impacted timely and accurate results; inadequate supplies and resources identified by nursing staff; mismanaged cardiology consultations; "suboptimal utilization" of Eugene operating rooms; and clinical and leadership concerns in the acute psychiatric unit. The items are presented in list form, without details.

A complaint about access to primary care was said to be partially substantiated, while a claim that a surgeon had been improperly terminated was not substantiated. The surgeon was not named.

The OMI made 22 recommendations for changes at the Roseburg VA, and said the facility leadership must develop action plans to meet those recommendations. The OMI will monitor the VA until all the action items are completed, the report said. It also issued recommendations to the regional network that oversees Roseburg.

Among the OMI's recommendations is that three associate chiefs of staff be removed from supervisory responsibilities, and that the nurse manager of mental health be removed from supervisory duties. The report also calls on the regional network, VISN 20, to "investigate the Chief of Staff concerning actions related to the hostile work environment," and to "provide immediate support for the replacement of three Associate Chiefs of Staff."

It calls for the Roseburg VA to perform a root cause analysis study into the death of a veteran who was diagnosed with frostbite. Another root cause analysis is called for on a case identified only as having been "described in the Report."

A number of recommendations involve radiology. Some of those include refining standard operating procedures, standardizing methods to communicate clinically significant findings, and following national practice standards.

It also calls for assigning an experienced clinician to oversee the psychiatric unit and for evaluating after-hours coverage by a telepsychiatrist.

DeFazio issued a written statement Thursday afternoon, in which he said the OMI recommendations will lead to significant improvements, not only at the Roseburg VA, but at VA hospitals around the country.

"I'm pleased to see that the VA has substantiated the numerous claims employees, patients and former staff have raised with my office," DeFazio said. "The recommendations laid out in the summary are only the beginning, though — I will continue to work with stakeholders on the local, regional and national levels to ensure these recommendations are implemented and Oregon's veterans and veterans nationwide get the care they deserve."

DeFazio said the VA has "suffered from years of mismanagement," and it's "long past due that the VA implements lasting, meaningful change."

VA Interim Director Dave Whitmer said the VA appreciates the OMI's review.

"While OMI found a number of opportunities for improvement, we welcome the scrutiny and consider this an opportunity to redouble our efforts to serve Veterans," he said in a written statement. "The Roseburg VA Health Care System is under new leadership and on a new path,

and we look forward to working with Veterans, community stakeholders and local and national VA leaders in order to complete all of OMI's recommendations."

Susan Neeley May, who had alleged Ranjan bullied her while she worked as a VA clerk, said when she visited the VA a week and a half ago she saw a marked change in the employees' morale.

"The atmosphere at the VA is completely different," she said. "Employees are happier, they're more relaxed, everybody was coming up and saying thank you for helping in this fight. And everybody's really hopeful that the atmosphere is actually going to change."

Douglas County Veterans Forum President Larry Hill reviewed a copy of the report summary and said he found it evenhanded.

"I'm satisfied with this report. That's my personal opinion. I'm not speaking for the organization on this, but I'm pretty satisfied with it," Hill said.

A full report from the OMI is expected in the near future. The VA Office of Accountability and Whistleblower Protection also sent investigators to the Roseburg VA, and is expected to produce a separate report.

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4.7 - Herald-Mail: [Veterans show off creativity at Martinsburg Veterans Affairs Medical Center art festival](#) (1 March, Richard Belisle, 158k uvm; Hagerstown, MD)

MARTINSBURG, W.Va. — David Sterling, one of the veterans who submitted entries in 20 categories for a Martinsburg Veterans Affairs Medical Center art festival, said Thursday that his painting career began "when I was 5 and painted my dad's brand new car."

"I didn't like the color, so I got out a bucket of paint and a brush and painted it," Sterling, a 75-year-old U.S Navy veteran, said while waving his arms to demonstrate the broad brush strokes he used.

Judges gave Sterling's acrylic landscape the Best in Show award at the annual Veterans Creative Arts Festival.

When asked if he was excited about winning the top prize, Sterling said, "Oh, yes. I put a lot of detail into my paintings."

Thursday marked his second year in the festival.

The medical center has been hosting the festival for more than 30 years, said Dawn Johns, who coordinated Thursday's event with co-worker Shawn Jordan.

The 20 top contestants in Martinsburg will advance to national judging against first-place winners from other VA medical centers. Winners in that competition will compete in the weeklong National Veterans Creative Arts Festivals in Des Moines, Iowa, in the fall, Johns said.

Fine and applied arts and crafts, creative writing and performance arts were the three categories judged Thursday. Ribbons were awarded for first, second and third place.

Howard Jefferson, 58, a U.S. Marine veteran, entered 20 pieces.

"I have photographs, paintings and sculptures here," he said. "I've been doing this all my life. It's a way of expressing myself."

Thursday was his first time at the Martinsburg show. He said his work has been exhibited at Shepherd University in Shepherdstown, W.Va., and Blue Ridge Community and Technical College in Martinsburg.

Michael Nance, 60, a U.S. Navy veteran, entered Thursday's festival in performance art.

He has been in the field for 30 years, performing in theatrical groups in his native Philadelphia. His segment Thursday was a dramatic monologue on the Rev. Martin Luther King Jr.'s "I Have a Dream" speech. He also has performed as Malcolm X.

Su Carroll of Martinsburg served in the U.S. Navy for 20 years. She submitted four entries in the applied arts-and-crafts category. She took first prizes for a collage and an adult coloring kit.

"I have won first-place ribbons in earlier shows here," she said. "I can't sit still."

Tom Taylor, 67, of Washington, D.C., served in the U.S. Army in Vietnam. He entered nine oil paintings at the festival, including one of a scene of Adam and Eve that was popular among patrons.

"I've been painting since I was a kid, but this is the first time I've been in this festival," he said. "I find painting to be very therapeutic."

James Jackson, 65, another U.S. Army vet in Vietnam, submitted entries in the applied mixed-media category, including a chess set and board.

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4.8 - New Hampshire Public Radio (Audio): [Veterans to Perform in 'Make Sure It's Me,' a Play About TBI, at Manchester VA](#) (1 March, Peter Biello, 151k uvm; Concord, NH)

Sean Carrier is an Army veteran. He's 44 years old, and while serving in Iraq he survived seven IED blasts.

"And then I was in a hard landing in a C-130."

Translation: He was in a plane crash. He was medically discharged about a decade ago and Carrier says adjusting to civilian life was difficult, in part because of his headaches. Bad headaches. And memory problems. His short-term memory wasn't working like it used to before the blasts.

"Didn't even know what TBI was," he says. "It was called post-concussion syndrome back then."

TBI, or Traumatic Brain Injury. He got the diagnosis long after those IED explosions, and the lingering damage made working difficult.

His relationship suffered. He and his wife divorced. Carrier's retired now. His beard has streaks of gray. He's got blue eyes and he wears black Harley-Davidson branded clothes. He still goes to lots of doctors appointments, attends group therapy sessions, and now he is participating in a production of a play written by Kate Wenner called "Make Sure It's Me."

It's part theater and part dialogue with the audience about what it means to have a traumatic brain injury. Here, Carrier reads a monologue based on another veteran's true story.

"One afternoon our Internet was running slow. I didn't know what had happened. I lost it. Started kicking everything. Even our little mascot dog. I wanted to kill the little dog, if my guys hadn't made me stop."

Leslie Pasternack is director of this production of "Make Sure It's Me," which is going to be performed Friday at 1 p.m. at the Manchester VA. NHPR's Peter Biello interviewed her about the play.

(A partial transcript of this broadcast story follows here.)

"The scenes all focus on veterans talking about the experience of being near an IED explosion and how blast concussion, in particular, feels, how it is going to affect their life."

"There's also a scene in which they discuss their future plans in which they discuss why they join the military in the first place. And there are a couple scenes in which a veteran or a military family member is speaking with a doctor and one beautiful scene where two wives are talking together. So you don't have to bring a whole huge amount of acting experience to this - just your open heart. The readings by veterans themselves have been extraordinarily moving. And the talk-backs are the most important part. The reading serves as the beginning of a discussion with the audience and with the veterans who participate."

What do the veterans who participate, who are playing a role in this, get out of the experience?

"So the experience of having one rehearsal and then getting up and reading and being able to work on their reading skills and their public speaking in a low stress environment, where they know that we want them to succeed and in anything they do is marvelous -- that experience is very confidence building. Some of the veterans they are playing a character. They're reading Kate Wenner's words but in the talk-back I'll ask them, 'Did this ring true for you?' And it will sometimes be a catalyst for them to talk about their own stories. At the Vet Center, I've been fortunate enough to have folks in the audience come up to me and say, 'I saw your presentation last year. And so I went to the VA. I got diagnosed with TBI and now I'm getting better.' So this presentation really serves as an opportunity for veterans to begin exploring their own stories, to reframe their own symptoms or experiences, maybe in a different way, and to understand that life may be different after a traumatic brain injury, but that it doesn't have to stop or even be diminished."

How important is a general education about TBI for the general population?

"I think it's extremely important. One of the big lessons that I learned myself personally and I remind myself all the time is: you never know when you're moving through the world what's

going on with another person why they're having certain experience. And one of the things we're learning about sports and vehicular concussions as well as military aligned concussions is that you can have really, really small hits that affect you in ways that you don't recognize as being concussion.

They can accumulate and they can manifest in symptoms that look like something else. You can seem cranky, you can suddenly be driving faster, you can have difficulty concentrating. And what many people do, and mostly veterans do this a lot because they want to succeed. They want to do well. They start to blame themselves and feel less than they were because of these symptoms. And many folks upon discovering that they have a mild or a moderate TBI feel just a huge sense of relief -- that they understand it's not their fault. It's not a moral failing. And suddenly the caregivers or family members or friends around them have a light bulb go on as well. Oh this is why my son or my nephew or my student or my daughter has been so different in some way I can't understand in coming back. So it helps all of us move forward in terms of knowing how to treat and respond to TBIs. But also I think in just having more compassion and more patience with ourselves and with people around us."

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4.9 - Fierce Healthcare: [A top VA aide pushed Congress to back Secretary David Shulkin's ouster: report](#) (1 March, Paige Minemyer, 141k uvm; Washington, DC)

One of the top staffers for VA Secretary David Shulkin, M.D., asked Congress to help push him out, according to a report from USA Today.

Two sources told the newspaper that John Ulyot, the Department of Veterans Affairs' assistant secretary for public affairs, asked a senior aide to the House Committee on Veterans Affairs to convince legislators to contact the White House and call for Shulkin's ouster.

Shulkin has been under scrutiny for several weeks after a report from the VA's Office of Inspector General revealed taxpayer funds were used to pay for a trip he and his wife took to Europe that included tourist activities and tickets to Wimbledon.

The trip was planned for Shulkin to meet with Danish healthcare officials and attend a summit in London. The OIG has called for Shulkin to repay the costs of his wife's travel—about \$4,300—and the price of the tennis tickets, which he has agreed to do.

Ulyot contacted the aide on Feb. 15, the day after the OIG released its report and the same day Shulkin was grilled at a congressional hearing, USA Today reported. The call, according to the newspaper, was initiated by Press Secretary Curt Cashour.

On the call, Cashour criticized Shulkin for his allegation that the travel expenses were approved because someone hacked into Chief of Staff Viveca Wright Simpson's email account—a claim he has since retracted, saying she was impersonated, but hacking did not occur. Simpson has since retired.

Ulyot was then put on the line, where he asked the aide for help in removing Shulkin, according to the article. He expressed confidence that President Donald Trump would fire Shulkin the following Tuesday, Feb. 20, but said having legislators push for his removal would ensure the president would do so.

Both men have denied that they tried to have Shulkin fired, according to the article. "That simply never happened, and the allegation is ridiculous," they said in a statement to the newspaper.

Shulkin has said that staffers within the VA are trying to undermine his authority, and he has indicated that he was given full support from the White House to purge people within the agency who may be trying to push him out. He said the turmoil within the VA is a classic power struggle because some in the agency don't support his bipartisan plans to improve the agency.

Shulkin also has the full backing of major veterans' groups such as the Veterans of Foreign Wars, the American Legion and AMVETS. Those groups met with White House Chief of Staff John Kelly earlier this week, where they discussed policies for veterans and the internal strife at the VA.

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4.10 - Pentagonam: [Morale-boosting veterans-turned-pin-ups visit D.C.](#) (1 March, Jim Dresbach, 45k uvm; Easton, MD)

The nonprofit organization is known as Pin-Ups for Vets. Do not be deceived by the connotation of the word pin-up: the women involved in Pin-ups for Vets are United States military veterans, who wardrobe themselves in 1940s fashions and hairstyles and are as clean and crisp as a Glenn Miller ballad.

The group, led by Pin-ups for Vets founder Gina Elise, time travels to the 1940s with skirts to the knees and wavy, liberty roll hairstyles. The organization produces an annual calendar featuring the vets as pin-up models. Miss June could be a Marine or Miss October may have served on a Navy aircraft carrier.

But wipe away all the mascara, eye liner, and lipstick and kick off the high heels, and the ladies are passionately committed to the welfare of veterans, their families, and the military.

The models, also known as ambassadors, travel the country to visit veterans hospitals and nursing homes. Elise and the pin-up ambassadors visited retired service members Feb. 22 at Washington, D.C.'s, Veterans Affairs Medical Center. The hectic Thursday ended with an evening meet-and-greet event near Marine Corps Base Quantico, Virginia.

"We were able to meet with so many veterans (at the hospital)," Elise said. "We had nine female veteran ambassadors with us. They delivered calendars, and we got a lot of great feedback from the veterans and (the patients) thanked us for visiting. For us, it is such an honor to visit with them and to show our appreciation."

Pin-ups for Vets delivered about 112 calendars to the VA hospital, according to Elise. While walking through the wards, the ladies autographed calendars, posed for photos, and talked with hospitalized veterans.

"This is my first hospital visit in three years," said ambassador Jovane Marie, who is a Marine veteran photojournalist. "There are one or two moments every time you go to the hospital that just brings you to tears. We met a 90-year-old female veteran today who was nonverbal, and she had some memory loss, but when she met us, she just beamed and started smiling."

The hospital visit was part of a four-day tour of the nation's capital area. For Marine Megan Martine, who is a model in the 2018 calendar, it was her first visit to the D.C. veteran's medical center.

"The support we've received has been amazing," California's Martine said. "Everybody has been very receptive and very positive."

Los Angeles' Jennifer Marshall was one of the smiling ambassadors. Before becoming an actress and a television commercial spokesperson, Marshall was a Sailor and part of a ship's security defense team. She has been a pin-up in the organization for five years.

"When we go into hospitals and nursing homes, those meet and greets are the most impactful because we're visiting veterans who may or may not had a visitor for days, or weeks, or months," Marshall said. "When we get to visit and talk to those vets one on one and connect to them, they know we are there just for them. Many vets are brought back to the time when they were young."

Besides raising morale, Pin-ups for Vets is missioned with raising donations, which in turn, are used to purchase hospital equipment.

"The proceeds from those calendars go to support our various veteran and troop initiatives," Elise said. "One of those initiatives is donating therapy equipment to VA hospitals nationwide. We just donated 14 pieces to the Houston VA hospital."

Pin-ups for Vets is in the middle of a 50-state tour to visit VA hospitals and nursing homes.

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4.11 - WCBE (NPR-90.5, Audio): [Exhibit Featuring Artwork By Veterans Reveals Art's Healing Power](#) (1 March, Mike Foley, 35k uvm; Columbus, OH)

An exhibit at the downtown Columbus library features artwork created by veterans.

Mike Foley reports.

Doodle to Fine Art includes projects created by veterans from a series of classes taught by Columbus artist Nicole Monahan. It also launched a Columbus VA research study examining the benefits of an art-making workshop for veterans. Organizers began with a simple question - can art make a difference in the health and wellbeing of veterans? For those with projects in the exhibit, the answer is a resounding yes.

"It's kind of like taking a vacation, mentally. You're really focusing on what's in front of you, and it's helping to relieve the stress," said Johnathan Walker, currently in the Air National Guard. "You can actually sit down and do something that takes your mind off some of those negative things, and you can create something positive."

Patrick Paquin served in the U.S. Navy, Navy Reserve, and Air Force Reserve. For Paquin, art takes him back to his childhood.

“It was a safe place. Now as I’ve gotten older, it’s a relaxation,” Paquin said. “It’s something that calms me. I can concentrate on it. It’s mine. It’s not someone telling me what to do. It gives me a lot of control, but still it’s a challenge.”

U.S. Army veteran Shawn Augustson served in Iraq from 2004-2006. He spent a lot of time in the hospital with PTSD. Art helped Augustson communicate with his doctors, his family, and eventually everyday people.

“There’s something about art that’s kind of powerful,” Augustson said. “I started teaching myself how to paint, and that grew into photography. The photography really got me out of the house. Now, I go all over downtown Columbus and the Short North and do a lot of street photography. It allows me to share my story with people.”

Doodle to Fine Art also includes artwork from members of the Veterans Arts Council. President and Vietnam-era veteran Gloria Weimerskirch encourages people to spend a few extra seconds at each piece, because she says the art will reveal what it’s like to serve in the United States. The Columbus VA study in the fall of 2017 found that art-making workshops significantly improved social connectedness, self-esteem, stress, quality of life, and depression symptoms. Additional projects this year include wood working, stone carving, dance workshops, and a veteran choir. Doodle to Fine Art will be on display at the Columbus main library branch on South Grant Avenue through March 25.

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4.12 - News-Sentinel: [Komets Kare Package helping VA start food pantry](#) (1 March, Blake Sebring, 26k uvm; Fort Wayne, IN)

The Northern Indiana Veterans Administration Health System has opened a new food pantry stocked primarily with donations from Komets Kare Package. The pantry, located at 2121 Lake Ave. in the VA Hospital, is open to serve veterans.

“Right now, it’s being shared with our staff, and if a veteran comes in and has a special circumstance or a need we are able to provide them a box of items,” said VA Voluntary Services Manager Erica Jones. “Our goal is they can come in once a month and get items as needed.”

Fans donated approximately \$4,000 worth of items during the 10th annual Komets Kare Package event over games Nov. 3 and 4.

“We have had a great response from Komet Kare Package and a couple of others who have seen pictures or heard about it and made donations,” Jones said.

Sponsored by News-Sentinel.com, the Komets, WANE and Federal Express, the program started in 2007 as a way to donate items for Indiana men and women serving in the armed services through Hoosiers Helping Heroes. When the founder of that organization passed away, Komets Kare Package switched to the VA as the primary charity two years ago. The Northern Indiana system serves more than 45,000 veterans throughout the region.

Because of regulations, the VA is prohibited from asking for donations but is allowed to provide information when asked what they need.

Food pantries are a national priority for the VA, especially to help homeless veterans. Local organizers started the new location in January by having emergency food boxes available. The next phase would be to make food boxes available to all needy veterans and their families followed by a full-fledged pantry possibly by mid-summer. There's no way to tell how many people could be served under the new system.

More volunteers are needed and interested people can contact Jones at 260-426-5431 Ext. 73114 or by email at Erica.Jones@va.gov. The pantry also provides opportunities for veterans doing work therapy. This could also be a great service project for schools, as shown by a recent visit to help stock shelves.

"We're still trying to spread the word. We definitely would like more donations so we can open as a full pantry," said Nutrition and Food Service Assistant Chief Tiane Bianski. "It's going to continue to make a difference."

Donations can also be delivered by contacting Jones. Requested items include pastas, boxed macaroni and cheese, tuna-, chicken- or Hamburger Helper, boxed rice and potato varieties, soup, peanut butter, spaghetti sauce, beans, canned pasta, canned meats, snack items, canned fruits and vegetables, snack bars, cereal/oatmeal, pudding or gelatin, coffee, toothbrushes and toothpaste, soap and deodorant.

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4.13 - ConnectingVets: [Is Shulkin fighting for his job? ...or is he keeping VA from privatization?](#) (1 March, Jonathan Kaupanger, 24k uvm; New York, NY)

VA staff was relieved when David Shulkin's name was floated to take the top spot at Veterans Affairs. Sources inside VA tell Connecting Vets there was concern about other names floated before his. Everyone assumed Shulkin – who was already serving as undersecretary for health – would know what he was getting into.

But did he? Shulkin says he has the backing of the White House, but does he?

Who really is in charge at the VA?

One person considered for VA's top job was former Rep. Jeff Miller (R-FL). Miller was an early Trump supporter. He was also the Chairman of the House Committee on Veterans Affairs from 2011 until last year. During his time as chair, the VA suffered the Phoenix wait-time scandal and failed to pass the Choice Act. Miller, with no military service record, blocked VA reform at every chance.

Miller also has deep ties to Concerned Veterans of America (CVA). Sen. John Tester (D-Mont.), ranking member of the Senate Committee on Veterans Affairs, described CVA as "a political advocacy group funded by the Koch Brothers who want to dump unlimited amounts of dark money to push dangerous policies that would privatize the VA or convert the Veterans Health Administration into an independent government chartered nonprofit corporation."

Miller didn't get the job, but he did give VA their press secretary, Curt Cashour.

Cashour was brought over to VA from the House Committee on Veterans Affairs once Miller retired from Congress. John Ulliot, VA's Assistant Secretary for Public and Intergovernmental Affairs, hired him on last summer.

Then things got weird.

In January, Shulkin decided to change the VA's motto, a quote from Abraham Lincoln, to be more gender inclusive. He had the agency's Center for Women Veterans director send out letters to veterans groups informing them of this change. The letter states that VA would gradually make changes to digital and print materials.

Yet Cashour told The Washington Post that VA would continue to use Lincoln's quote unchanged. He said, "VA is proud of Lincoln's words as a historic tribute to all veterans, including women veterans whose service and sacrifice inspires us all."

A few days later, Shulkin's strategic plan for VA was sent out with the new, gender-neutral motto on it.

Again, Cashour told The Washington Post this wasn't VA's position and soon a new document with the original quote had replaced Shulkin's plan. According to people briefed on the incident, Shulkin was stunned by Cashour's actions.

When Shulkin's recent European travel problems came to a head, Cashour did not support his superior. When Shulkin posted a personal statement on VA.gov, Cashour removed it. All questions were referred directly to the White House.

The day after the IG report on Shulkin's London trip was released, the secretary faced lawmakers during a congressional hearing about VA's budget. Among Shulkin's defense was that his chief of staff's email had possibly been hacked and emails were edited.

Wednesday, USA Today reported that both Cashour and Ulliot lobbied to have Shulkin fired shortly after the committee meeting.

Cashour and Ulliot had called a senior aide at the House Committee on Veterans Affairs. According to the report, they asked lawmakers to call the White House to demand Shulkin's firing. Both Cashour and Ulliot deny this. They said that the call was to inform the aide that they found no evidence of email hacking. Instead of backing their boss, they stated the opposite.

Two more Shulkin subordinates who are causing trouble for the secretary are Jake Leinenkugel and Darin Selnick.

Leinenkugel's office is next to Shulkin, but his title is senior White House adviser. Things seemed to be ok at first between the two men. Then in May, Shulkin accused Leinenkugel of undermining him.

Shulkin wanted to nominate Dr. Poonam Alaigh, who was then acting undersecretary for health, to the position permanently. Shulkin says Leinenkugel asked the White House to kill the promotion. By October, Alaigh resigned and the position has yet to be filled.

Selnick was senior advisor to the secretary when he joined VA, but after things soured between him and Shulkin last year, he moved across the street to the White House and joined the White House's Domestic Policy Council.

At the White House, Selnick – who used to work for the pro-privatization group CVA - would call veteran related meetings without informing Shulkin. It was at one of these “Veterans Policy Coordinating Committee” meetings in November merging the Choice program with the military's Tricare insurance originated. According to ProPublica, Shulkin said that moving Selnick out of the VA was his “biggest mistake” because Selnick was able to do more damage from the White House.

It's not just senior staff that Shulkin is battling. Senator Jerry Moran – the Kansas republican who represents the Koch brother's home state and has received campaign donations from the brothers - blamed Shulkin for the political stalemate when it came to modernizing the VA. In a Senate oversight hearing in January, Moran said, “Our inability to reach an agreement is in significant part related to your (Shulkin's) ability to speak out of both sides of your mouth: double talk.”

There are two bills in Congress that are meant to fix the VA's Choice Program. One is supported by 26 groups who represent millions of vets. The other is Moran's version of the bill which has the support of Selnick, Leinenkugel and CVA. In the Moran/CVA bill, VA medical centers would need to meet certain standards to qualify as a preferred treatment center.

If medical centers can't reach the standards, then veterans could get a community healthcare provider. This is a big change since December when the Senate's VA committee voted for a bill that gave the secretary discretion to relax limitations to community care programs.

The New York Times reported last week that Leinenkugel is pushing to have Shulkin removed and replaced with former VA undersecretary Michael J. Kussman. Kussman is reported to have close ties with CVA.

According to the Times, the fight for VA's leader all boils down to a gradual dismantling of VA's system and turning it into taxpayer-subsided care from private doctors. Lawmakers from both political sides believe that this would be too expensive, with estimates being anywhere from \$50 to \$100 billion annually.

“I'm the secretary,” Shulkin said this week. “I'm setting the direction with moving forward. I'm going to continue to do the progress we've talked about and I have very little tolerance for people who aren't willing to focus on moving forward.”

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4.14 - The Chronicle: [Parkers Ferry Native Appointed to National Committee on Women Veterans](#) (1 March, 19k uvm; Charleston, SC)

Keronica Richardson, an Army Veteran and native of Parkers Ferry having attended Baptist Hill High School, was recently appointed to serve one term on the U.S. Department of Veterans Affairs (VA) Advisory Committee on Women Veterans, a diverse panel of experts whose task is to inform the VA Secretary about issues and programs that impact women veterans, as well as recommend policy and legislative changes.

Keronica Richardson is the Assistant Director of Women and Minority Veterans Outreach at the American Legion where she serves as the primary point of contact for the Women and Minority Veterans Program. Keronica works with the Department of Veterans Affairs as well as with Legion leadership to coordinate resources in the local community, and recommend initiatives to assist women veterans.

Prior to working at the American Legion, Keronica was selected to be a HillVets Fellow in the Office of Senator Joe Donnelly. She served as the policy advisor for the veterans and defense portfolio, staffed Senator Donnelly at briefings, wrote internal memorandums to familiarize congressional staff on issues raised by constituents and responded to constituents requests.

Keronica interned with Piemonte Law Firm conducting legal research associated with Veteran's Affairs and Social Security issues. Keronica prepared Veteran's Affairs and Social security cases for court proceedings and drafted non-legal memorandas and correspondences for attorneys. She also served as a judicial extern under the direct supervision of the Honorable Judge Ty Hands, assisting and preparing documents for daily court use. She attended numerous District Court hearings, trials, and several training events for Judges and young attorneys on Domestic Violence and Family Law. Keronica also interned with the Army Judge Advocate General Corp (JAG) at Fort Jackson, SC. She prepared motions, conducted legal research and authored briefs and memorandas that supported pending cases. Keronica gathered and prepared all administrative details for multiple high-level government cases.

Keronica also served as an active duty Captain in the United States Army Quartermaster Corps. She served as the operations planner and supervisor for a combat organization in Fort Lee, VA supporting over 3,000 personnel. Keronica coordinated and managed the deployment plans, orders and reports for 10 different units; ensuring each deadline plan met its specific requirements. Keronica developed detailed trackers for training and unit operations, which allowed the units to project out its schedule and resource requirements into the next calendar year. She has published several articles on army.mil.

Keronica deployed to Iraq, Afghanistan and Kuwait as a Mortuary Affairs Platoon Leader. She supervised and processed more than 500-combined U.S. and Coalition Force deceased personnel, which is recognized as one of the most important jobs in the entire Army. Keronica was appointed as the convoy commander and traveled to Iraq, Afghanistan and Kuwait providing efficient and safe movement of personnel and equipment for over 1, 167 miles.

Keronica has a law degree from Charlotte School of Law and as a law student she was selected to study in London, UK at Oxford University as a criminology student. Keronica has a bachelor's degree in Public Relations from Claflin University.

The entire Parkers Ferry Community joins with Keronica's family in proudly congratulating Keronica on this new appointment and wish her well on her new journey.

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4.15 - The Economist: [What is going on at the VA? A window onto the Trump administration's special brand of chaos](#) (1 March, 600k uvd; New York, NY)

DAVID SHULKIN, the secretary of veterans' affairs, did a dim-witted thing when he took a leisurely trip to Europe in July 2017 at taxpayers' expense. The government paid his wife's travel costs while the pair toured Westminster Abbey, cruised down the Thames, improperly accepted tickets to Wimbledon and went shopping in Denmark. For this, Mr Shulkin has been appropriately excoriated by his department's inspector-general in a report that was released on February 14th.

In most administrations, such daft behaviour would be a sacking offence. In the Trump administration, where five cabinet members have faced investigations over travel expenses, it seems rather pedestrian. Only one, Tom Price, the health secretary, has had to resign. Yet in Mr Shulkin's case, the flap has pushed another scandal to the fore. Some top Veterans' Affairs (VA) officials, installed by the White House, appear to have divided loyalties and are, in Mr Shulkin's view, scheming to subvert him. Many of them have ties to Concerned Veterans for America (CVA), an outfit bankrolled by the conservative Koch brothers, who want more ex-servicemen to receive health care through private markets.

For many Americans, the phrase "veterans' health care" conjures images of scandal and ineptitude. Much of this is because of a crisis in 2014, when it was discovered that hospital officials had falsified records to avoid reporting delays in appointments. Heads rolled when it appeared that 40 ex-servicemen had died while waiting for appointments. Less coverage was given to later investigations, which have been largely unable to blame the deaths on the extended waiting times.

Most Americans would be shocked to learn that the VA health system actually seems to provide higher-quality care than its competitors. A review by the RAND Corporation showed that the VA outperformed non-VA care on 45 of 47 outpatient quality measures. More than 80% of new primary care patients are able to get an appointment within two weeks. Annual surveys show satisfaction levels with treatment close to 80%. In-patient care was more mixed, however, and performance tends to vary greatly between hospitals. Clearly the system needs fixing, but fundamentally broken it does not appear to be.

Few of the prominent organisations that help veterans think the VA health system requires a radical restructuring. For this reason, they do not much like the CVA, which spends a fair amount of money highlighting the health system's inadequacies. The motives of the Koch brothers, the CVA's backers, are more likely to be ideological than financial. The industrialists, whose business interests are concentrated in energy rather than health care, have a long-standing antipathy towards socialised medicine, of which the VA health system is the prime example in America. Like Britain's National Health Service, the government programme is a single purchaser which owns its own facilities and employs its own doctors.

In the aftermath of the scandal in 2014, Congress passed a law to pay for more veterans to purchase care outside the VA system. The VA has long paid for such services, usually for those who live far away from specialists or who are unable to obtain an appointment fast enough. But the cost of purchased care has surged 500% from 2002 to 2014, and a lack of data makes quality assessment impossible. Unsurprisingly, a review in 2016 shows significant cost mark-ups. The cost of diabetes treatment nearly tripled, the cost of prostate-cancer treatment almost doubled.

The CVA, which is careful to avoid the word privatisation, would like to push the VA further in this direction regardless. "That's fantastically expensive, it's probably bad medicine, and it would lead to all kinds of fragmentation in care," says Phillip Longman, policy director at the Open

Markets Institute, who has written a book on the VA health system. “It also leads, in effect, to the privatisation of the system, because you won’t have the volumes to stand up hospitals.”

Within the department, paranoia has taken hold. Mr Shulkin told reporters that he had been given him the authority to purge “subversive” staff. A leaked memo obtained by ProPublica, a non-profit, and written by Jake Leinenkugel, a former beer executive and senior adviser on veterans’ affairs installed by the White House, plotted firing senior officials like the deputy secretary, the secretary’s chief of staff and, eventually, the secretary himself. Communications staff disregard orders from the boss. One lobbied to have him fired.

The press secretary removed one of Mr Shulkin’s statements from the VA website, and appeared to overrule him on the rewording of an agency motto. Another senior adviser, Darin Selnick, who previously served as head of policy for CVA, was installed as senior adviser to the secretary, where he quickly began unilaterally crafting policy that pushed for more privatisation of the agency’s health services. In his former life, Mr Selnick drafted a plan to dismantle the government-run veterans’ hospitals and turn over care entirely to private markets. Since being ejected from the VA, reportedly at Mr Shulkin’s insistence, he has taken up residence on the White House Domestic Policy Council, where his freewheeling policymaking continues.

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5. Improve Timeliness of Service

5.1 - Forbes: [The VA Will Eliminate Hepatitis C In Veterans By Year-End](#) (1 March, John LaMattina, 30M uvm; Jersey City, NJ)

Only a few years ago, stories appeared in the media about how tens of thousands of U.S. veterans were infected with hepatitis C and that the government couldn’t afford to treat them. Typical was a CBS News report headlined “VA can’t afford drug for veterans suffering from hepatitis C”. The drug in question was Gilead’s Sovaldi, a once-a-day pill that remarkably can cure hepatitis C over a 12 week regimen. The concerns being raised by the press was that Sovaldi cost \$1,000/pill – a cost that could cripple the VA’s budget if all of our veterans were to be treated.

The issue was especially timely. These veterans, many of whom contracted the disease during their service in the Vietnam War as a result of battlefield injuries requiring blood transfusions, were now suffering from the consequences of this largely silent menace. They were now experiencing liver disease, cirrhosis and liver cancer. Without Sovaldi, the sicker of these patients were facing certain death.

Fast forward to last Friday. At the 24th Annual Wharton Health Care Business Conference, Dr. David J. Shulkin, the Secretary of the U.S. Department of Veterans Affairs, announced that the VA was on track to eliminate hepatitis C infections in the next 12 months for those who are willing and able to be treated. In October 2014, the VA had over 146,000 veterans afflicted with hepatitis C. By next October, this number will be only 20,000.

How did this happen? Here’s the VA’s response as contained in their 2018 Budget in Brief:

In 2014, VA began a ground-breaking system of care for Veterans with the Hepatitis C Virus (HCV). The Food and Drug Administration approved two new, highly-effective drugs – Sofosbuvir (Sovaldi) and Simeprevir (Olysio) – that work to change the lives of Veterans infected with Hepatitis C. Prior to the introduction of the new high-cost treatments therapies in the VA system in January 2014, treatments for Hepatitis C were often ineffective and presented considerable side-effects. By contrast, the new treatment options are considerably more effective than earlier options, and are much easier to administer. Cure of HCV significantly decreases the risk of progression of the disease to cirrhosis, liver failure, liver cancer, and death. VA wants to ensure that all Veterans eligible for these new drugs, based on their clinician's recommendation, receive the medication.

But what about the high-cost of these drugs? While the retail price of Sovaldi was \$84,000 at launch, the VA is allowed by law to negotiate drug prices. In addition, other hepatitis C cures have been brought to market over the intervening years such as AbbVie's Viekira Pak and Merck's Zepatier, thus putting purchasers in a good negotiating position. Here's how the VA described drug costs in their 2018 Budget in Brief:

VA successfully worked with the manufacturers of these drugs to receive a reduced price for their use to treat Veterans. VA estimates the drugs will cost \$748.8 million and provide 31,200 treatments in 2017 and costs increasing to \$751.2 million for 28,000 treatments in 2018.

If you quickly do the math, 59,200 U.S. veterans will be cured of hepatitis C for roughly \$25,300/soldier. That's remarkable and a far cry from the concerns being raised less than four years ago.

This is a great story. Thanks to the VA's commitment as well as the innovation on the part the manufacturers, a major health issue for our veterans will be eliminated. Hopefully, the press will be motivated to cover this story as diligently as they did in 2014.

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5.2 - New York Daily News: [The other military parade we need: A March for Honor, for less-than-fully-honorable discharges](#) (1 March Rob Cuthbert, 26M uvm; New York, NY)

Saturday night, President Trump publicly staked out Veterans Day as a possible date for his military parade. According to Trump, the parade would run "up and down Pennsylvania Ave.," include a lot of "flyovers," and be "great for the spirit of the country."

For a long time, I have hoped that thousands of veterans would march in Washington, D.C. However, none of these veterans currently serve in our military. I'm thinking of the hundreds of thousands of veterans who received less-than-fully-honorable discharges, including the more than 300,000 who have served since 2001 and the more than 560,000 that received them during Vietnam.

Only a fraction of these discharges were actually "dishonorable," which is the equivalent of a federal felony conviction. As young adults serving in uniform, most of these veterans committed misdemeanors or less, and they now carry a potentially lifelong sentence that deprives them of VA reintegration benefits and a full measure of honor.

For more than three years, I worked closely with tens of veterans — most of them New Yorkers — who were turning to the Department of Defense and Department of Homeland Security Boards of Review for discharge upgrades or record corrections. Most of the veterans with whom I worked were placed with trained attorneys who helped them navigate the upgrade and correction process. Hundreds more were turned away because of lack of capacity.

Relatively few veterans apply to these boards and, without help, even fewer get an upgrade. I saw the process up close, and, over time, I realized that many of these veterans were being deprived of due process by a broken military record correction system and uninterested political officials.

So, I hope that, in the shadow of Trump's parade, thousands of these veterans hold what I would call a March for Honor. Under Trump's "flyovers," I hope these veterans convene on the National Mall to celebrate the best parts of their service and to advocate for immediate reforms to the DOD and DHS's antiquated and derelict discharge upgrade system.

The Boards of Review have the legal authority to upgrade a discharge or to correct a record, but, since the late 1970s and early 1980s, these boards have fallen into a state of dysfunction, which ill-serves even the most deserving applicant.

For many reasons, the boards validly deny thousands of upgrades, but they also provide catastrophically incomplete and insufficient resources and instructions for veterans who seek to apply. Advocates have previously identified some of these deficiencies including a dilapidated and incomplete online reading room of past decisions that shields the boards' work from the scrutiny of the public and lawmakers.

Furthermore, advocates also have noted that, before some boards, veterans lack a right to an in-person or video hearing, which can hurt their chances at an upgrade.

Furthermore, before some boards, veterans lack an unabridged right to an in-person or video hearing and the unhindered ability to present the oral testimony of expert witnesses, which hurts their chances at an upgrade.

As a result of these grave flaws and others, deserving veterans do not get upgrades. And veterans don't submit the kind of robust applications that could be reviewed favorably by a federal judge who could overturn an improper military decision.

In America, remedial access to rights is often accompanied by legal action and nonviolent, political demonstrations. Recent, highly targeted class action litigation by a handful of veteran plaintiffs who were willing to go public with their less-than-fully-honorable discharges has largely benefited the fraction of upgrade cases that involve posttraumatic stress, traumatic brain injury, or military sexual trauma.

But it is still rare to find robust advocacy for the uninjured teenagers who made common, youthful mistakes — for example, those vets who got kicked out of the military and stripped of benefits for a single instance of off-duty marijuana use that was unrelated to trauma.

Veterans with less-than-fully-honorable discharges are isolated, silent and rarely championed, and a 2015 study published in JAMA Psychiatry posited that they "had an increased hazard of suicide." But, Congress can't seem to focus their attention on this injustice, and no commander in chief since President Jimmy Carter will confront it outright.

Consequently, these veterans die by the thousands in ignominy that, in many cases, they should have been absolved of long ago.

If Trump's march would be "great for the spirit of the country," then a concurrent March for Honor could be great for the political fortune of veterans who deserve a fair, functional path to justice.

Cuthbert, an Army veteran who served in Afghanistan and Iraq, formerly managed the military discharge upgrade clinic at the Veteran Advocacy Project of the Urban Justice Center.

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5.3 - Becker's Hospital Review: [Feds investigate Miami VA for giving veterans inaccurate HIV results](#) (1 March, Megan Knowles, 441k uvm; Glencoe, IL)

The Miami Veterans Affairs Medical Center gave at least eight military veterans who were tested for HIV at the facility different results than tests from an outside lab, according to the U.S. Office of Special Counsel.

The discrepancy in the results was only revealed after one of the Miami facility's employees, Roman Miguel, a lab director, complained to outside agencies that managers chose to ignore his concerns, according to an independent federal investigator.

Following a four-day visit to the Miami VAMC in October 2016, the Department of Veterans Affairs said it was unable to verify the complaints after investigating the employee's claims, according to the Miami Herald.

On Feb. 28, the U.S. Office of Special Counsel said the VA's findings "do not appear reasonable" and expressed "incredulity" that the Miami VA facility only complied with the new HIV testing policy after the employee complained to outside agencies.

In a Feb. 28 letter to President Trump, Special Counsel Henry J. Kerner said VA investigators could not verify the claims because they loosely interpreted the deadline for the Miami VAMC to comply with the new policy for HIV testing. The nationwide VA policy, Directive 1113, required VA facilities to implement fourth-generation HIV testing within one year of its publication.

"I am incredulous that compliance with Directive 1113 and implementation of fourth generation HIV testing occurred only after Mr. Miguel's disclosures and OSC's intercession," Mr. Kerner wrote in the letter. "Although the HIV testing issues affected a small percentage of those tested at the Miami VAMC and OSC has not been made aware of similar problems at other VA facilities, I strongly encourage the VA to take immediate action to ensure that every facility throughout the VA-network is in compliance with Directive 1113."

It is not clear how many HIV tests from the Miami VAMC were sent to an outside lab.

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5.4 - New Hampshire Public Radio (Audio): [Dr. Funk, VA Whistleblower, Says Task Force Producing Detailed Review of Care](#) (1 March, Peter Biello, 151k uvm; Concord, NH)

The task force looking at the future of health care for New Hampshire's veterans has drafted some suggestions for improvements at the Manchester VA, and those suggestions do not include the construction of a new full-service VA hospital.

This task force was put together last year after whistleblowers came forward with allegations of mismanagement at the VA. Dr. Erik Funk was the sole whistleblower to be named to the task force. He joins NHPR's Peter Biello to talk about these preliminary findings.

What were you hoping for at the beginning of the task force's work and how has that changed?

You know, being a clinician, I did feel that having a full service or at least an inpatient facility here in Manchester would be something that many of the clinicians here as well as the veterans would prefer. I think that the overall sense that the committee has understood is that veterans wish to be treated locally. And the obvious solution was to formulate, to develop an inpatient facility here. Unfortunately the practicality of that has been a reality that I've gradually come to accept is that because of cost -- which is quite extensive, because of the acquisition of funding and the process needs to go through with respect to development and design, it would really take many years and perhaps five or ten years before an inpatient facility would become a reality. So we began to look at other options.

You're not going to be finding that there is a need for a full-service medical facility in Manchester. You are suggesting that some things be expanded, and some construction happen at the Manchester VA. What are you suggesting might be improved construction wise?

You know the findings or proposals have been to, you know, improve the physical plan of primary care, to potentially expand the CLC, which is the inpatient geriatric unit here. And I think that both the veterans in New Hampshire as well as potentially, because this was a need from Vermont as well. And the other exciting aspect is, we were exploring -- this is in Connecticut -- but it's a center called the Errera Center. It's a contact point for veterans that need certain services, whether it be psychiatric services, whether it be opiate issues, whether it be homelessness. But it would be a multifactorial, multidisciplinary center located somewhere in Manchester and this is, again on the findings portion, I think would be something that would be very veteran-centric and help them coordinate their care. And I think that's one of the, I wouldn't say the main focus, but I think that's something that we're very strong about.

In this draft report, there was some mention of culture at the Manchester VA. And a suggestion that there should be a mechanism by which employees are not just encouraged to speak up but to do so and be rewarded for speaking up - all of that in the service of making things better for the veterans who get care there. What can you say about how the culture has changed since July, since the allegations first came forward?

Well I think the culture was unfortunately an issue, certainly not in all areas, but in certain areas I think that it was something that needed to be addressed. With the advent of with Al Montoya coming on board full time as a director, I think that he has been very forthcoming, very receptive and proactive with respect to not just trying but making, you know, embracing the employees here at the V.A. to improve the culture here and there's a committee of interested individuals who will participate in that and I think this is a significant improvement. And that's an improvement. I think this will make an impact on our culture here.

With the understanding that no decision-making process is 100 percent perfect, what can you say about the fairness of the deliberations of the task force?

So, I think the task force, in terms of its attention to detail with regard to veterans, the surveys that have been put out both face to face and also online surveys, with respect to exploring the various service needs, peaking with physicians and primary care here, I think it's been quite detailed in terms of its review. I'm very proud of the work that's been done. It's quite detailed.

(Dr. Erik Funk is one of the dozen whistleblowers who raised concerns about the Manchester VA last year. And he's the sole member of that group to serve on a task force looking at the future of health care for New Hampshire's veterans.)

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5.5 - Task & Purpose (Video): [‘Don’t Ask, Don’t Tell’ Is Gone, But Its Effects Still Haunt LGBT Veterans](#) (28 February, Stephanie Russell-Kraft, 102k uvm; New York, NY)

Lindsay Church comes from a military family, and as a teenager, she planned to join the Navy right after high school. Her plans changed, however, in the face of Don't Ask, Don't Tell — the Department of Defense policy born on Feb. 28, 1994, that barred gay, lesbian or bisexual servicemembers from serving openly the military.

It was 2003, and Church, who identifies as lesbian and gender-nonconforming, was just then coming out of the closet.

"I knew I wasn't going to be able to come out of the closet and at the same time get back in it," she said. So she tabled her plans. Five years later, she said, she still felt the need to serve: "There was part of me that felt unfulfilled."

Enlisting meant keeping quiet about her sexual orientation, something Church didn't take lightly. "I was doing drag," she said. "That's how much I was involved in the LGBT community. I loved that part of my identity."

A few weeks into basic training at the Naval Training Center in Great Lakes, Illinois, Church fell ill and had to miss a few classes. A fellow recruit helped her go over some coursework one evening in the bay. She sat on Church's bed while they went through her notes.

The next day, Church and two others ("the only three queer women in our division") were called into the office for discipline. "This fleet master chief tells me, if I came to boot camp to find someone to get in the racks with, I came to the wrong place," she told Task & Purpose. "I almost got an Article 15 for that."

"I realized how quickly I was going to be discriminated against," she said. Over the course of four years in the Navy as a linguist, Church said she'd encountered both harassment and support. But even that support was dampened by the military's official policy.

When she was an E3, Church said, an E6 mentor pulled her aside with some advice to make her time in the Navy easier. "His two pieces of advice were, one, you need to grow your hair out,

and... to find a gay man to be my boyfriend, so in case I got in trouble I could say I had a boyfriend and that person could say he had a girlfriend.”

Church said she went out to party on the night Don't Ask Don't Tell was repealed in 2011. But when she left the Navy the following year, she didn't return to the LGBT community. “I didn't reintegrate,” she said. “I didn't know how to.”

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It's been just over six years since the military ended its Don't Ask, Don't Tell policy, allowing gay, lesbian and bisexual service members to serve without needing to hide their sexual orientation for the first time. For some new recruits, the policy is already a relic, but for veterans who served before it ended, the discrimination they endured still feels fresh. Some of them were discharged because of the policy, while others merely suffered in silence until it ended. Many have shunned the label “veteran” altogether.

“They're self-identifying as veterans at a lower rate, they're accessing services at a lower rate.”

“Most LGBTQ vets that I've worked with identify much more closely with the LGBTQ community than with the veteran community,” said Nathaniel Boehme, the LGBTQ veterans coordinator at the Oregon Department of Veteran Affairs. “I run into vets who tell me, ‘That's a part of my life I never want to talk about again.’” Mandated by a bill that passed the Oregon Senate in 2015, Boehme's position as a full-time LGBTQ veteran's coordinator is the only one of its kind in the United States.

A big part of Boehme's job is conducting community outreach, bridging divides between LGBTQ-serving organizations and veterans organizations. “When you're talking to people who fit what the archetype of a veteran is — white, cisgender, male, straight — they don't see how the spaces they create tend to exclude and ostracize others,” he said. In order to include those individuals who have distanced themselves from the military, Boehme said he prefers to ask “Have you served in the military?” instead of “Are you a veteran?”

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“When I identify as a veteran in a queer space, I'm very acutely aware that I might be reminding people of something that was really crappy for them or of something they were denied,” said Christine Black, a former Army mechanic who served from 2005 to 2013. When she graduated from law school in 2015, Black was honored as an outstanding veteran and an outstanding LGBTQ graduate. But she didn't want both to be announced at the same time, she said.

“I had friends in both the veterans center and the queer identity center, and they were maybe 40 feet apart, but you would never see me walk from one to the other. If I had business in both of them, I went at separate times or I came back another day,” she said.

Timothy Jones is one of those veterans who avoided identifying as a veteran after leaving the service. He served in the Navy from 1998 until he was discharged in 2000 under Don't Ask Don't Tell. He said his final year was marked by isolation and harassment, after he was raped by a fellow servicemember. “I went from being a hard-charging sailor to one that was drinking every weekend to forget what happened,” Jones said. “The hazing rose to a level where I had to be removed from my room to another barracks.”

For 10 years after leaving the Navy, Jones struggled with addiction and homelessness. It wasn't until speaking with a VA counselor after landing in jail that "slowly but surely, the light kind of returned."

Jones said the repeal of DADT in 2011 was bittersweet. He felt proud of the servicemembers who no longer had to hide their sexual orientation, but also felt the loss of his own opportunity. "Everyone gets supported and decorated when they've done their full service or gone to war, and that wasn't me," he said. "I didn't feel I had earned the right to be a veteran."

It wasn't until years later, after he organized a 200-mile walk to raise awareness for homeless veterans, that he began to reclaim the word. "I encountered homeless veterans, and I realized I am a veteran, and these are my brothers."

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The Williams Institutes, a UCLA law school think tank focused on gender identity, estimates that more than 14,000 military service members were discharged because of their sexual orientation under Don't Ask Don't Tell. Changes in military policy have since allowed those servicemembers to retroactively upgrade their separation paperwork, known as a DD214, but that still requires gay, lesbian, or bisexual veterans to come forward for a fix.

"They're self-identifying as veterans at a lower rate, they're accessing services at a lower rate," said Ely Ross, director of the Washington Mayor's Office of Veterans Affairs. Last year, Ross began conducting targeted outreach to LGBTQ veterans in the District of Columbia after he noticed this gap.

As part of its effort to build ties with the local LGBTQ community, the Mayor's Office of Veterans Affairs has partnered with OutServe-SDLN, an association for actively serving LGBTQ military personnel and veterans. President and CEO Matt Thorn estimates OutServe-SDLN provided \$700,000 worth of legal services in 2017 and helps an average of 300 veterans a year with their paperwork changes. (You don't need a lawyer for a DD214 upgrade, but having one makes it easier.)

Thorn said one of his priorities is to educate others about homelessness and mental health issues, which disproportionately affect LGBT individuals: "It's important to us that everyone addressing those concerns in the whole veteran population are also understanding the unique aspects of the LGBT community in doing so."

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Among other things, Don't Ask Don't Tell bred distrust of military health providers by gay and lesbian servicemembers, who risked getting discharged for disclosing their sexual orientation even in a healthcare setting. That lack of trust continued after the policy ended. In a 2013 survey, only 70% of gay service members said they felt comfortable disclosing their sexual orientation to military health providers, even though they knew the information could no longer be used to discharge them. The VA created an LGBT health program in 2012, but some advocates believe LGBT veterans still have particular needs that aren't being met.

"We don't know who each other are because we all got out of the military and said, 'Fuck this noise,'" she said, "so we walked away."

Ross said one of his biggest challenges is rebuilding trust between the military community and LGBTQ veterans. “The direct feedback from veterans we’ve engaged with has been, ‘I didn’t come to this office until somebody else vouched for you,’” said Ross.

“Part of the problem is that this isn’t a constituency group or group of veterans that is officially tracked by the office of veterans affairs,” said Ross. Representatives of the DOD and VA confirmed that data about sexual orientation and gender identity is not collected on federal surveys. The most recent estimates — that 1 to 4% of military service members identify as gay or lesbian — were made in 2000.

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There are an estimated 15,500 transgender service members, who continued to be discriminated against by the military after Don’t Ask Don’t Tell ended. They have only been able to serve openly since 2016, and their ability to do so has been threatened since President Trump attempted to reverse that policy last summer. (Several suits against the administration’s proposed transgender ban, including one brought by OutServe, are currently being litigated. “We as a movement are dealing with a hostile administration, and so many aspects of our work are entangled with the work they’re doing against our community,” said Thorn.)

“We’ve had the doom of Damocles hanging over us,” said Alice Ashton, a Navy linguist who came out as transgender as soon as the ban was lifted. “Anytime, you could be fired, you could lose your pension. Financially, I talked to my landlord: ‘Worst case scenario, if I lose my job, how much notice do I have to give?’”

Ashton said she wasn’t directly impacted by Don’t Ask Don’t Tell, but she saw several friends and coworkers discharged under the policy, and it might have delayed her coming out. “It had effects on me feeling safe exploring that side of myself,” she said.

After the repeal of Don’t Ask Don’t Tell, transgender servicemembers continued to face some of the same barriers that gay, lesbian and bisexual troops did before. “Like, my wife trying to access mental health care, if she wanted to talk about me being trans, she’d get the response of, ‘If you say that, I’m going to have to tell Bryan’s commander,’ because she was accessing military health care,” said Bryan “Bree” Fram, a lieutenant colonel in the Air Force who is currently stationed at the Pentagon.

“You have to hide who you are, you have to put a filter in your brain that goes through your thoughts and actions and words,” said Fram, who came out to colleagues the day the ban on transgender servicemembers was lifted.

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Over the past several years, Lindsay Church has wholly claimed her identity as an LGBTQ veteran. In 2017, she resigned as commander of her local American Legion post because she didn’t feel the group welcomed her and others like her. “There have been many days where I have felt demoralized and dejected by my fellow Legionnaires, with varying colors of hats, based on comments and treatment that were aimed at the identities that I hold that make me different: young, female, lesbian, gender non-conforming,” she wrote in her letter of resignation. “These identities in the Legion represent something that is foreign, something that is other, and something that is lesser.”

“When I walked away I was met with a lot of folks who said, ‘I felt the same exact way. I don’t feel like I have a place,’” said Church, who now works as the assistant director of student veteran life at the University of Washington.

So she and another veteran founded Minority Veterans of America, a nonprofit dedicated to supporting veterans with underrepresented identities: “LGBTQ, womxn, people of color, and religious minorities.”

Finding new members has been somewhat difficult, because the people Church is looking for aren’t already in veteran spaces. “We don’t know who each other are because we all got out of the military and said, ‘Fuck this noise,’” she said, “so we walked away.”

But slowly, “people started coming out of the woodwork,” she said. As of its most recent count, the group has about 166 members, about 40% of whom identify as LGBTQ. Church said many of them, like her, are relieved to find fellow veterans who can relate to the pain they experienced while serving under Don’t Ask Don’t Tell.

“These folks are ready to talk about it and ready to feel included, but they don’t feel like they have a place where they can be included,” said Church. “What I hear so much is, ‘I just want to feel like I belong.’”

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5.6 - WVTF (NPR-89.1, Audio): [Virginia VA Medical Center at the Front of National Study on Oral Care](#) (1 March, Jeff Bossert, 54k uvm; Roanoke, VA)

Something most of us take for granted could become a national standard for when we need to be hospitalized.

A nursing researcher at a veterans’ hospital in Virginia helped start a national study – that could one day become hospital policy. It suggests using a toothbrush could become an easy way to reduce the risk of serious illness.

Listen Listening...4:26 Jeff Bossert reports.

After months of radiation treatment for prostate cancer, John Hopkins says he feels okay given all he’s been through.

“(I’ve had) Hepatitis C, I had an ulcer, I’ve got prostate cancer, and a little bit of emphysema,” said the 75-year old Army veteran, who did two tours in Vietnam, and later overcame PTSD and drug addiction.

He admits oral care was never high on the priority list.

“I’m missing so many teeth – I’ve got two at the top, and five down at the bottom.”

But now, his daily regimen at the VA Medical Center in Salem, Virginia also includes regularly brushing his teeth. Hopkins and others at the VA may not realize they’re compiling statistics that could save the lives of others by preventing the most common hospital-acquired infection.

Shannon Munro is a nurse researcher there.

“Health care systems across the nation have focused on ventilator-associated pneumonia for many years – and they know that oral care works,” she said. “But they have been leaving out this entire other population of patients.”

This study targets those not on a ventilator who contract the illness. Nurses working under Munro started having their patients brush twice daily for just over a year – and the rate of those cases fell 92-percent, saving lives as well as more than \$2-million in required treatment.

“Just simply brushing patients’ teeth – reduces the number of bacteria in their mouths, so they are not swallowing this into their lungs while they sleep,” Munro said.

Her work started six years ago, when nursing professor and researcher Dian Baker shared her study in northern California’s 24-hospital Sutter Hospital system.

She says the records revealed patients, both young and old, were contracting pneumonia within a couple days of being admitted.

“Because we went back to the fundamentals of how you prevent pneumonia, and pneumonia comes from germs in the mouth,” said Baker, who says having a patient use a toothbrush is just the start.

The work of Munro and Baker, whose work was recently profiled in the Wall Street Journal, want to include other logical steps, like early mobility of a patient, and keeping them warm during surgery.

But with no alerts from groups like the Centers for Disease Control, Baker says there’s nothing requiring hospitals elsewhere to pay attention.

“Trying to raise awareness so that hospitals will launch their own investigations so that the CDC and the National Institutes of Health will issue grant funding to hospitals, so that we can get some of those clinical control trials that will help us all learn more about pneumonia prevention,” she said.

“The systematic review says we need more data,” said physician David Baker, with the Chicago-area based Joint Commission, which helps dictate hospital policy.

No relation to Dian Baker, he heads the Commission’s Health Care Quality Evaluation Division. He says no one’s opposed to such a study, but says the sample size now is just too small.

“And I think for us, for the Joint Commission to really be able to do anything, and say we’re going to establish national requirements – we just need some more hospitals to be able to reproduce their findings,” he said. “And I know that there are multiple ones that are working on this now.”

The Veterans Health Administration has started a campaign of online public service announcements – with hopes of boosting this sample size.

Speaking from personal experience, the Salem VA’s Shannon Munro says she understands changing hospital policy won’t be easy. She herself had surgery a few months back – and asked beforehand if she could brush her teeth.

"The nurse said 'yes- go ahead," she said. "And I said 'well, I'm kind of tethered to the bed here, I've got an IV, and oxygen, and I can't get out of bed' - could you hand me the materials?," she said. "I had to talk them through what exactly I needed them do to help me, I was just blown away. So I've been on both sides of it, and I can see how easily this could be missed."

Munro's research has led to new practices at other VA hospitals in Virginia, North Carolina, and Houston.

And in about a month, Baker, study co-author Barbara Quinn, and Munro will give a webinar on oral care for about 1,500 hospitals for the American Hospital Association. Their work has also been shared with hospitals in Canada, Australia, Brazil, Spain, and New Zealand.

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5.7 - KPIC (CBS-4): [DeFazio: Investigation confirmed 'problems' at Roseburg VA Healthcare System](#) (1 March, 52k uvm; Roseburg, OR)

ROSEBURG, Ore. - An investigation by the U.S. Department of Veterans Affairs found "problems with employee management and intimidation, medical care, and inadequate resources" at the Roseburg VA Healthcare System, Rep. Peter DeFazio said Thursday.

"I'm pleased to see that the VA has substantiated the numerous claims employees, patients, and former staff have raised with my office," the Democrat from Springfield, Oregon, said. "The recommendations laid out in the summary are only the beginning, though—I will continue to work with stakeholders on the local, regional and national levels to ensure these recommendations are implemented and Oregon's veterans and veterans nationwide get the care they deserve."

The Department of Veterans Affairs's Office of the Medical Inspector released a summary of findings "into allegations of mismanagement and substandard patient care within the Roseburg VA Healthcare System," according to DeFazio, who advocated for the investigation.

"Due to their findings, the VA issued 28 recommendations to local, regional and national level offices that have or will ultimately lead to significant improvements within VARHS as well as VA Medical Centers around the country," DeFazio's office said in a press release.

According to DeFazio, the recommendations made to the VA in Roseburg include:

- Refining and standardizing radiology procedures, leading to reduced patient wait times and faster diagnostic time;
- Improving communication between medical facilities within the area and ensuring adequate medical coverage for low-coverage departments;
- Removal of several staff members from supervisory responsibilities—in some cases, which has already occurred;
- Auditing of several medical cases with unfavorable patient outcomes; and
- Training of staff members on CREW, a VA-led culture change initiative.

"VARHS has suffered from years of mismanagement," DeFazio said, "and it is long past due that the VA implements lasting, meaningful change."

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Everyday Health: [Organizations Ask for Brain Donations From Veteran Women to Study Concussions, PINK Concussions and the VA's National Center for PTSD say that brain donations can help close knowledge gaps on TBIs in women in and outside of the military.](#) (1 March, Mia Garchitorena, 10.8M uvm; New York, NY)

After receiving a serious brain injury from a skydiving training accident in 2006, Harmony Allen, 38, suffered from memory loss, right-sided blindness, imbalance issues, and post-traumatic stress disorder. She was officially diagnosed with a traumatic brain injury (TBI) in 2010. Allen was medically discharged from the Air Force in 2011 and continues to suffer from TBI symptoms today. Because of this, she's determined to help advance TBI research on women by using her brain, literally.

Allen was the first female veteran who pledged to donate her brain for research in traumatic brain injury as part of the #PINKBrainPledge, a recently announced collaboration between the U.S. Department of Veterans Affairs (VA) National Center for PTSD and PINK Concussions, the first nonprofit organization dedicated to improving education and medical care for women with brain injury.

"It's an honor for me to serve my country even if I can't be in active duty anymore," Allen says. "It's a way to help women who have been turned away like I was."

Since the announcement of the collaboration on January 24, 2018, 175 women have pledged to donate their brains to the VA's National PTSD Brain Bank.

"It's incredibly empowering for the veteran herself to join with other veterans and civilian women to be a part of this movement and change the percentages of how many females are involved in the research," says Katherine Snedaker, a licensed clinical social worker and founder and executive director of PINK Concussions.

Why There Are So Few Brain Donations From Women

According to the Centers for Disease Control and Prevention (CDC), TBIs are caused by "a bump, blow, or jolt to the head that disrupts the normal function of the brain." In 2013, there were approximately 2.8 million TBI-related emergency room visits, hospitalizations, and deaths in the United States.

Most of what people know about TBIs and their side effects comes from studies of male veterans, football players, ice hockey players, and other athletes from predominantly male sports. But less is known about how TBIs affect women, even though they report more symptoms than men and may take longer to recover than their male counterparts, according to a researchers at UCLA Health Sciences.

“There’s not a lot of research on how sex affects brain injury,” says Chris Nowinski, PhD, cofounder and CEO of the nonprofit organization Concussion Legacy Foundation (CLF) and the Boston University Chronic Traumatic Encephalopathy (CTE) Center in Massachusetts.

Why It’s Important for Women to Donate Their Brains

The world’s largest tissue repository, the VA-BU-CLF Brain Bank has a research team made up of the VA Boston Healthcare System, the BU CTE Center, and the CLF, and houses 500 brains, including over 270 with the degenerative brain disease CTE. Out of the 500 brains donated to the VA-BU-CLF Brain Bank in the last decade, only eight have been from females.

“Brain donation is the fastest way that we’ll understand how these impacts affect female brains,” Dr. Nowinski says. “It also provides the evidence we need to make the appropriate changes to sports so the next generation is protected.”

In order to encourage more women to donate their brains for research, Nowinsky says that the CLF is recruiting female athletes to pledge their brains publicly.

On February 6, 2018, three female Olympians publicly pledged to donate their brains to the CLF.

The Women Veterans Report published by the VA in February 2017 notes that there are about two million women in the military. There are few published studies on TBI in military women, but in one article published in September 2012 in the Journal of Women's Health, the Armed Forces Health Surveillance Center found that out of almost 82,000 male and female veterans, 12 percent of the cases were women with a TBI diagnosis. Harmony Allen says that donating one’s brain can be a way to help researchers learn more about the prevalence of TBI in female veterans.

“I would ask them to please donate their brains because it’s a way to help people who fought for them,” she says. “Their brain isn’t going to just sit on a shelf. It’s truly going to help treat veterans.”

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7.2 - Military Times (Home HQ): [VA supplemental loan: Who's eligible, how it works ... and what it covers](#) (1 March, Kevin Lilley, 2.1M uvm; Springfield, VA)

Veterans looking to make improvements or repairs on a home with a VA-backed mortgage may be able to use another VA loan product to help.

Supplemental loans can be used for most anything that results in “improving the basic livability or utility of the property,” according to the VA Lenders Handbook. But there are eligibility restrictions, and veterans seeking to make certain types of improvements may be out of luck.

Some basics, courtesy of the handbook and other VA materials:

1. Add-ons only. Veterans must use the supplemental loan in conjunction with an existing VA loan on the property. They cannot use their VA eligibility to borrow for repairs being made on homes with paid-off loans, or on homes that weren’t purchased with a VA-backed loan.

2. Limited luxuries. The loan must be used “primarily to the maintenance, replacement, improvement or acquisition of real property,” per the handbook. It specifically prohibits building pools or barbecue pits with the cash.

3. Fixtures 101. No more than 30 percent of the loan can go toward “nonfixtures or quasi-fixtures,” per the handbook. This means a renovated kitchen is on the table, but not if most of the money is earmarked for a brand-new fridge or oven. If the loan involves purchasing these types of items, they must be done in conjunction with the planned renovations — borrowers can’t tack on a new microwave for the kitchen if they’re redoing the basement, for example.

4. Time limits. The loan can last up to 30 years, which is longer than most non-VA-backed renovation loans that are often measured in months.

5. Good standing. Borrowers who are behind in the payments on their existing VA loan aren’t eligible, per the handbook, “unless a primary purpose of the supplemental loan is to improve the ability of the borrower to maintain the loan obligation.”

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7.3 - KPBS (PBS-15): [VA Needs More Women To Participate In Head Trauma Research](#) (1 March, Steve Walsh, 278k uvm; San Diego, CA)

Research into concussions often does not involve women, including women veterans.

In an effort to gather more data, the nonprofit Pink Concussions has started a collaboration with the Veterans Health Administration to promote the idea of women posthumously donating their brains for future studies.

In the last decade, the Veterans Health Administration has been talking to veterans about head injuries. The emphasis has often been on men, and so has much of the research, said Katherine Snedaker, executive director with Pink Concussions and a licensed social worker.

The research that has been done shows, as a group, women often react differently to head trauma, she said.

“They concuss at a higher rate,” she said. “They have greater symptoms, more severe symptoms and on average a longer recovery. We don’t know if that longer recovery is because we’re not treating women correctly.”

When men are used as the benchmark, women can end up feeling there is something wrong, even when they’re recovering normally.

“When it’s been two to three months and they really start blaming themselves. Like, I should be better by now,” Snedaker said.

Nearly all the brains donated to the major brain banks are from men, often athletes and veterans. Pink Concussions is partnering with the VA to encourage women to donate their brains for research. The idea is to get more women to agree to donate their brains and

participate in studies so researchers have a detailed history and symptoms that may be related to head trauma.

The VA runs its own study of brain trauma, though Pink Concussions isn't advocating for a particular brain bank. Snedaker said all of the major brain banks need more women to participate in research.

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7.4 - Anniston Star: [Phillip Tutor: Sleeping under an Anniston house](#) (1 March, Phillip Tutor, 189k uvm; Anniston, AL)

Each day, without fail, Lori Floyd's office door opened and he walked in, large and occasionally loud. Sometimes it rained. Other days the sun baked the ground. But he never missed a day, week after week, for months on end.

"And when I say every single day," Floyd says, "I mean every single day."

Their friendship, unlikely as it was, bloomed slowly. He didn't trust people. She knew little about him. He thought Anniston police hassled him. She didn't want to say the wrong thing. But he was homeless, and he didn't have a job, and he didn't want to talk about mental illness, so she didn't call it that. "If I ever said anything about mental illness, he's say, 'You just think I'm crazy,'" and he might leave.

Floyd was different. She offered help, a kind hand in a city that didn't seem to care. Other social-service agencies had tired of his idiosyncrasies and bad habits. But The Right Place on West 15th Street — the Floyd-directed nonprofit that offers housing assistance and other services to homeless and low-income families — didn't tell him no.

Each day, he'd grab a bottle of water and a fruit cup.

He shaved off his whiskers in her office bathroom.

When he needed razors, she'd buy them.

When he needed socks, she'd buy them.

When he needed batteries for his Walkman, she'd buy them.

She advised him on his medications, stood beside him whenever he had a court date, scolded him when he yelled at the judge, and worried about him whenever he got arrested for trespassing, as homeless persons often are. He never asked for money. He had no identification, no driver's license, no Social Security card. He was born in Germany — he was an Army brat — and had no idea how to get a copy of his birth certificate. He hailed from this part of Alabama, family nearby but no longer in touch. But he was a veteran, that much he knew.

Floyd realized what that meant. This 60-year-old homeless man who walked with a cane and danced on the Quintard Avenue sidewalk while listening to his music could be eligible for military benefits and Veterans Affairs health care. It could mean the difference between sleeping

in the crawl space underneath a vacant Anniston house and actually living, despair replaced by hope.

With the help of the VA, Floyd got a copy of the man's DD 214 form, his certificate of discharge from active duty. That was his ticket, his future, a chance for health care and counseling and perhaps a safe place to live. Floyd set up appointments at the VA office in Oxford and arranged to drive him there in her car, friend helping friend, because Anniston's bus service doesn't stop at the VA office.

He got arrested.

She set up more appointments.

He got arrested.

She set up more appointments.

He got arrested.

She set even more appointments, these scheduled for late February.

He got arrested.

Three of his arrests came in a four-week period, sometimes for trespassing, other times for disorderly conduct. "He liked to dance," she says with a smile, but there wouldn't be a fifth time. Something had to give.

"This was not going to work," she says. "He was becoming more and more aggressive toward the police." She feared the worst, that he might get shot, that he'd never get the help he desperately need. So a VA official in Birmingham and Floyd arranged for the man to enter a VA homeless program in that city that provides medical services and a warm bed. Floyd made sure that he walked out of jail and into the van for the ride down Interstate 20.

Then her phone rang.

It was the homeless man, calling from Birmingham, who was worried about his clothes, some of which he'd stashed at Floyd's office, others that he'd left in the crawl space. She took his clothes home and washed them and then went to the vacant house to gather his other belongings.

"It's within walking distance of where we're sitting now," she says. "He told me where it was."

A wooden porch covers the front of the house with peeling paint and blue shutters. On the right, underneath a window, an overgrown bush hides the small opening he climbed into each night. There among the dust and leaves and mud was a man's life. A pillow. Blankets. Clothes. Containers of food. Bags of stuff collected on Anniston's streets.

Floyd expects to see him again. "I do. He wants me to come see him," she says.

If so, she may return the small Alcoholics Anonymous token that dropped out of his belongings.

Three months clean, it read.

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8. [Other](#)

8.1 - CNN: [Embattled Cabinet members attend White House opioid event](#) (1 March, Dan Merica, 29.7M uvm; Atlanta, GA)

Washington (CNN) Three embattled Cabinet secretaries -- Attorney General Jeff Sessions, Housing and Urban Development Secretary Ben Carson and Veterans Affairs Secretary David Shulkin -- all appeared at a White House summit on the opioid epidemic, carrying on with business as usual.

The event Thursday, focused on the deadly opioid epidemic and the Trump administration's attempts to combat the scourge, comes amid a swirl of negative stories about President Donald Trump's Cabinet secretaries and his long-simmering ire for Sessions.

Trump briefly spoke at the summit but did not comment about the chaos surrounding his Cabinet secretaries.

Instead, he said his administration will be rolling out opioid policy "over the next three weeks" and told attendees that he and Sessions had talked about bring lawsuits against "some of these opioid companies."

"I have also spoken to Jeff about bringing some lawsuits against some of these opioid companies," Trump said. "I mean, what they are doing, the distribution. You have people that go to the hospital with a broken arm and they are addicted, they are addicted to painkillers and they don't even know what happened."

Sessions was in the room for Trump's remarks, but the two did not appear to interact.

The President also lamented that the United States does not have stricter punishments for drug dealers.

"Some countries have a very, very tough penalty," Trump said. "The ultimate penalty. And by the way, they have much less of a drug problem than we do. So we're going to have to be very strong on penalties."

The administration has pledged to make fighting the opioid epidemic a focus during Trump's presidency, and Kellyanne Conway, Trump's senior counselor, has taken the lead inside the White House in coordinating the response to the epidemic. The recently passed budget deal secured \$6 billion in new funding to fight the crisis, but treatment advocate and drug policy experts are concerned that the uptick in funding won't be enough to stem a drug overdose epidemic that killed 63,600 lives in 2016.

Carson and Shulkin -- along with Health and Human Services Secretary Alex Azar -- headlined a panel hosted by Conway. The issues swirling around the two did not come up during the session.

"It is affecting ... the very fabric of our society," Carson said. "Together, we can really take this important issue to where it needs to be."

Sessions and Trump's deteriorating relationship was on full display Wednesday after Trump tweeted that his attorney general's decision to refer questions to the inspector general was "disgraceful." In a remarkably rare step, though, Sessions responded to the President in a statement, stating that the process he initiated was "appropriate" and will "ensure complaints against this department will be fully and fairly acted upon if necessary."

Sessions' decision to respond further enraged Trump, according to a source familiar with his reaction who described his demeanor as indignant.

At the same time, senior White House aides were furious on Wednesday about a series of negative stories about frivolous spending at the Department of Housing and Urban Development. Dismayed by the way HUD has handled the stories, White House aides have taken a more hands-on role in trying to stem the tide of negative news.

CNN reported on Tuesday that the former chief of administrative officer at HUD filed a complaint saying she was demoted after refusing to spend more than was legally allowed to redecorate Secretary Ben Carson's new office at the request of his wife, Candy. The former staffer, Helen Foster, said she was told to "find money" beyond the \$5,000 legal limit for redecorating and another report indicated that HUD also spent \$31,000 last year to replace a dining room set in Carson's office. Carson has now said he wants to cancel the order.

And a recently released Veterans Affairs inspector general report found "serious derelictions" by Shulkin and members of his staff during a July 2017 trip to Europe. The report included an allegation that the department paid more than \$4,000 for Shulkin's wife, Merle Bari, to travel to Europe with her husband.

The swirl of stories have caused yet another headache for a White House already dealing with conflict over key White House aides leaving the administration and internal skirmishes between chief of staff John Kelly and Jared Kushner, Trump's son-in-law, over security clearances.

Despite senior White House aides pledging to combat the opioid epidemic, some treatment advocates have not been impressed with the Trump administration's decisions, particularly on their decision to focus on the issue as a penal issue, not a medical one.

Others have also faulted the Trump administration for sidelining the Office of National Drug Control Policy, the administrative office tasked with coordinating the White House's response to the epidemic, and not listening to Trump's own opioid commission that he convened early in his administration.

Members of that commission were not invited to the Thursday summit, according to an aide to former Democratic Congressman Patrick Kennedy, who is a member. No explanation was given for not including them, the aide said.

Additionally, both the House and Senate are working in a large package of bills addressing the epidemic, but none of the lawmakers are on the list of summit attendees provided by the White House.

CNN's Rene Marsh contributed to this report

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8.2 - ABC News (Video): [At opioid summit, Trump suggests dealers should get the death penalty](#) (1 March, Alexander Mallin, 24.1M uvm; New York, NY)

President Donald Trump made a surprise stop by the White House's summit on opioids today, where he suggested dealers face "the ultimate penalty" for their roles in drug-related deaths.

The summit came more than four months after Trump declared the opioid crisis a public health emergency, though the decision faced criticism as it stopped short of a national emergency declaration that would have made an additional surge of federal funds available to address treatment and recovery efforts.

First lady Melania Trump delivered opening remarks at the summit, remarking on her travels in recent months with the president across the country, in which she visited hospitals and treatment centers, where she's been briefed by those directly impacted by the crisis.

Addressing the crowd of more than 200 participants from across the nation, the first lady read a letter sent to her from a mother who lost her son in an opioid-related death.

"Sadly she's not alone in her grief and we need to change that," Melania Trump said.

The White House has pointed to recent positive movement in trying to rally more resources to combat the epidemic, including the president's recent budget proposal that called for \$3 billion in new funding in 2018 and \$10 billion in new funding in 2019 for the Department of Health and Human Services (HHS) to combat the opioid crisis. The president also recently nominated Jim Carroll as a new drug czar to lead the Office of National Drug Control Policy (ONDCP), though lawmakers have recently criticized the White House for scaling back the ONDCP's role in coordinating the administration's response to the opioid crisis.

While prior to his arrival the discussion in the opioid summit largely focused around expanding access to treatment and interdiction efforts of drugs coming in from foreign countries, in his remarks President Trump went as far to suggest that convicted drug dealers should face the death penalty.

"They kill hundreds and hundreds of people, and most of them don't even go to jail. If you shoot one person, they give you life. They give you the death penalty," Trump said. "These people can kill 2,000, 3,000 people and nothing happens to them. And we need strength with respect to the pushers and to the drug dealers. And if we don't do that, you will never solve the problem."

Trump also downplayed the role of "blue ribbon committees," appearing to disparage his own appointed opioid commission that issued a round of recommendations intended to combat the crisis last year.

"If you want to be weak and talk about just blue ribbon committees, that is the not answer," Trump said "The answer is you have to have strength and toughness. The drug dealers and the pushers are -- they are doing damage. They are really doing damage. Some countries have a very, very tough penalty. The ultimate penalty."

Still looming over most of the summit was the recent turbulence and controversies across the administration.

Senior counselor to the president Kellyanne Conway moderated two panels with Cabinet secretaries, including several who have drawn fire in recent weeks for negative headlines related to the management of their agencies.

Veterans' Affairs Secretary David Shulkin participated in a panel on prevention, treatment and recovery with Secretary of Housing and Urban Development Ben Carson. Shulkin recently apologized to VA staff after the agency's Office of the Inspector General alleged Shulkin improperly accepted a gift of Wimbledon tickets during a work trip to London. Carson, meanwhile, has also sought to beat back criticism after it was revealed earlier this week his agency spent more than \$31,000 on a new table and chairs for the dining room adjacent to Carson's office. Carson has since asked HUD to cancel the order.

Attorney General Jeff Sessions also spoke on a panel amid heightened tensions with the president following a tweet from Trump Wednesday that described Sessions' actions as "disgraceful."

In a remarkable move, Sessions released a statement Wednesday appearing to push back against the president.

"As long as I am the attorney general, I will continue to discharge my duties with integrity and honor," Sessions said. "And this department will continue to do its work in a fair and impartial manner according to the law and Constitution."

Trump did not directly interact with Sessions while the two were in the room together, though he did briefly reference him in his remarks.

"I've spoken with Jeff about bringing a lawsuit against some of these opioid companies," Trump said.

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8.3 - Daily Caller: [Trump Department Of Veterans Affairs Must Act On DOG ABUSE](#) (2 March, Roger Stone, 12M uvm; Washington, DC)

Life comes at you fast.

Last month, I wrote a Daily Caller column urging President Donald Trump to step in and eliminate horrific and useless experimentation on puppies at the Department of Veterans Affairs (VA).

Following my op-ed and mounting criticism from the veterans' community, conservative media, GOP pundits, faith leaders including Pat Robertson, Congress, and determined taxpayer advocacy group White Coat Waste Project, the Daily Caller was the first to get VA Secretary David Shulkin on-the-record saying, "I am not a strong believer in the need for canine research."

This was a breakthrough given Shulkin's unequivocal support for the VA's dog testing just a few months ago. Some veterans' advocates speculate that Shulkin was originally led astray on this issue by rogue staffers seeking to undermine him, and that he's now trying to right the ship.

Fair enough. But, so far, Shulkin's actions don't match his words. In his Daily Caller interview, he proposed drastic restrictions on any future dog testing and indicates that he's implemented a new policy requiring his personal approval for any VA dog testing going forward.

Sadly, like many things the VA says, even this modest reform isn't real. The very weak policy circulated to media by the VA actually states that the agency's top animal testing chief—who is the VA's lead dog testing defender and has been caught by the Daily Caller lying to the media and taxpayers about the studies—will be the decider. There's no mention of the Secretary in the entire policy. Shulkin's claim that he now has the final say and that the VA's new "policy" will protect against waste and abuse are simply #FakeNews.

This policy is just more VA bureaucracy to avoid real accountability and protect entrenched staff and programs, and it flies in the face of President Trump's efforts to drain the VA swamp. Its no secret that VA's toxic culture and bureaucracy has allowed inept and dangerous VA staff to remain on the payroll and butcher and maim veterans. Its even retained a "reckless" VA doctor who was banned from dog testing for continually botching surgeries and rewarded him with a \$340,000 salary, raises and bonuses.

As I mentioned in my last column about this, this is an incredibly easy scandal to resolve, especially now with Shulkin on board and other broad support for cutting wasteful VA dog testing. More than a dozen national veterans' organizations, including AMVETS which has over 250,000 members, support the move. A majority of veterans support it. And new national polling commissioned by White Coat Waste Project shows that two-thirds of American voters—and a staggering 71 percent of GOP voters—want the VA to cut its sickening dog testing program that is not paying dividends for our nation's veterans.

Even after all of the VA's recent scandals, Shulkin says that the Trump White House has faith in him. For the moment, I'm willing to give him the benefit of the doubt, too.

Secretary Shulkin: Demonstrate the leadership skills that President Trump strongly believes you possess and take an ax to your agency's widely-condemned canine abuse.

Roger Stone is a legendary Republican political consultant and a veteran of many national Republican presidential campaigns. He's also the men's fashion correspondent for The Daily Caller and editor of StoneColdTruth.com.

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8.4 - The Hill: [Melania Trump calls for action at opioid summit](#) (1 March, Peter Sullivan, 11.8M uvm; Washington, DC)

First lady Melania Trump called for action on the opioid crisis in a speech Thursday kicking off a White House summit on the epidemic.

The first lady added her voice to the discussion as the administration works to highlight steps it has taken to address the crisis.

"I am so proud of the work that this administration has already done to combat this epidemic," Trump said. "We all know there is still much work to be done, which is why we are all here today."

The first lady read from a letter written by a woman who lost her son to an opioid overdose. In her remarks, Trump called for a focus on babies and young mothers with addiction.

A range of other administration officials, including Health and Human Services Secretary Alex Azar, Attorney General Jeff Sessions and Veterans Affairs Secretary David Shulkin also spoke at the summit.

Azar highlighted his discussions at the National Governors Association's winter meeting last weekend, where he encouraged governors to apply for waivers that allow states to expand the opioid addiction treatments that Medicaid can be used to compensate.

"I'm hopeful that we'll see a faster clip," Azar said. "Those waivers are very easy to do."

Shulkin highlighted that opioid use in the VA system has declined 41 percent since 2012.

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Veterans Affairs Media Summary and News Clips

2 March 2018

1. [Top Stories](#)

1.1 - CNN (Video): [Embattled VA Secretary Shulkin faces skeptical Congress](#) (1 March, Juana Summers, 29.7M uvm; Atlanta, GA)

In the weeks since a sharply critical inspector general report faulted Veterans Affairs Secretary David Shulkin with misusing taxpayer funds and amid reports of an agency rife with tension and infighting, Shulkin has maintained that he is fully in control, insisting that he has "no tolerance" for those who try to distract from the department's mission. But on Capitol Hill, lawmakers seem frustrated by a steady stream of events that have put more attention on the agency's internal squabbles than the veterans it seeks to serve.

[Hyperlink to Above](#)

1.2 - The Hill: [GOP lawmaker to Trump: Shulkin 'lacks the moral authority' to lead VA](#) (1 March, Brandon Carter, 11.8M uvm; Washington, DC)

Rep. Mike Coffman (R-Colo.) is renewing his calls for Veterans Affairs Secretary David Shulkin to resign, saying Shulkin "lacks the moral authority" to lead the department. In a letter sent to President Trump Thursday, Coffman slammed Shulkin for his alleged "abuse of taxpayer's funds and government resources" and called on Trump to "relieve Secretary Shulkin of his duties."

[Hyperlink to Above](#)

1.3 - Military Times: [Study: Private sector may not be ready for new veteran patients](#) (1 March, Leo Shane III, 2.1M uvm; Springfield, VA)

Lawmakers appear poised to send tens of thousands of veterans in the private sector for health care in an effort to provide quicker, more convenient appointments for an array of medical needs. But a new study casts doubt on whether private care providers can do that. Researchers from the Rand Corp. on Thursday released a new study of New York state medical providers that noted the majority of physicians working outside Veterans Affairs programs...

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2. [Greater Choice for Veterans](#)

2.1 - MedicalXpress: [Most health providers in New York not ready to care for veterans, study finds](#) (1 March, Rand Corporation, 1.5M uvm; New York, NY)

Only about 2 percent of the physicians and other health care providers in New York State are equipped to provide timely and quality care to veterans in the community, according to a new RAND Corporation study. Scoring the civilian medical workforce across seven measures of readiness to treat veterans, the study found that most providers fell short on items such as being familiar with the military culture or routinely screening for conditions common among veterans.

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2.2 - KFDA (CBS-10): [VA Medical Center undergoing renovations to improve healthcare quality](#) (1 March, Mike Makie, 193k uvm; Amarillo, TX)

The VA Medical Center is currently undergoing construction in order to improve the quality of healthcare they provide to veterans. With aging infrastructure, certain facilities that provide health care are in need of an update. The Veterans Medical Center is currently in Phase 1 of their two part plan to modernize facilities.

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2.3 - New York Upstate: [Most NY docs not ready to care for veterans seeking VA alternatives, study shows](#) (1 March, James T. Mulder, 155k uvm; Syracuse, NY)

As the government considers sending more military veterans to community doctors for medical care, a new study shows most New York doctors are not prepared to handle them. Only about 2 percent of doctors and other health care providers in New York are equipped to provide timely and quality care to veterans, according to a RAND Corporation study funded by the New York State Health Foundation.

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3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - New York Times: [New York Today: The Art of Healing](#) (1 March, Alexandra S. Levine, 30M uvm; New York, NY)

A nationwide art competition for veterans is underway, and several New Yorkers are among the finalists. The annual contest, called the National Veterans Creative Arts Festival and hosted by the Department of Veterans Affairs, draws thousands of veterans to their local V.A. centers to share works including painting, poetry and dance numbers.

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4.2 - Daily Caller (Video): [VA IG Findings Create A Serious Credibility Problem For Shulkin In Hacking Claims](#) (28 February, Luke Rosiak, 12M uvm; Washington, DC)

Department of Veteran Affairs Secretary David Shulkin's insinuation to Congress that the department had been hacked was not based in fact, the agency's inspector general said Tuesday. The accusations raise serious questions about whether Shulkin attempted to mislead Congress by implying that an incriminating email attributed to his chief of staff might not be authentic because someone had stolen her identity.

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4.3 - Washington Times: [Rep. Mike Coffman calls on Trump to fire VA Secretary Shulkin](#) (Dave Boyer, 10.8M uvm; Washington, DC)

A Republican on the House Veterans Affairs Committee is calling on President Trump to fire VA Secretary David Shulkin in the wake of a scandal over his travel expenses and other issues. Rep. Mike Coffman of Colorado told the president in a letter Wednesday that Mr. Shulkin "lacks the moral authority to achieve your goals of a transparent, accountable VA that is dedicated to meeting our nation's obligations..."

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4.4 - KMGH (ABC-7): [Rep. Mike Coffman doubles down on VA secretary, asks Trump to fire him for misusing taxpayer money](#) (1 March, Blair Miller, 2.1M uvm; Denver, CO)

U.S. Rep. Mike Coffman is doubling down on his demands that the Veterans Affairs secretary be out of his job, now asking the president himself to fire the secretary for misusing taxpayer money on a trip to Europe. Coffman, a Colorado Republican who is a member of the House Veterans Affairs Committee, called for VA Secretary David Shulkin to resign last month...

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4.5 - Becker's Hospital Review: [Top VA aide allegedly lobbied Congress to call for Dr. Shulkin's resignation](#) (1 March, Leo Vartorella, 441k uvm; Glencoe, IL)

John Ulyot, the assistant secretary for public and intergovernmental affairs at the Department of Veterans Affairs, allegedly probed a Congressional aide to try and get lawmakers to call for VA Secretary David Shulkin, MD, to resign, according to USA Today. Mr. Ulyot, along with Dr. Shulkin's spokesman Curt Cashour, called a senior aide at the House Committee on Veterans Affairs Feb. 15 to convince members of the committee...

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4.6 - The News-Review: [Investigative report: Senior VA leadership created environment of intimidation; radiology, cardiology, psychiatric issues identified](#) (1 March, 160k uvm; Roseburg, OR)

The federal Office of the Medical Inspector has demanded changes from the Roseburg Veterans Affairs Medical Center, including removing some managers, a summary report reveals. The report follows an investigation into alleged whistle-blower retaliation and clinical concerns at the Roseburg VA. The investigation was requested by U.S. Rep. Peter DeFazio, D-Springfield, who said he had been contacted by hundreds of current and former employees alleging problems with VA management.

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4.7 - Herald-Mail: [Veterans show off creativity at Martinsburg Veterans Affairs Medical Center art festival](#) (1 March, Richard Belisle, 158k uvm; Hagerstown, MD)

David Sterling, one of the veterans who submitted entries in 20 categories for a Martinsburg Veterans Affairs Medical Center art festival, said Thursday that his painting career began "when I was 5 and painted my dad's brand new car." "I didn't like the color, so I got out a bucket of paint and a brush and painted it," Sterling, a 75-year-old U.S. Navy veteran, said while waving his arms to demonstrate the broad brush strokes he used.

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4.8 - New Hampshire Public Radio (Audio): [Veterans to Perform in 'Make Sure It's Me,' a Play About TBI, at Manchester VA](#) (1 March, Peter Biello, 151k uvm; Concord, NH)

Sean Carrier is an Army veteran. He's 44 years old, and while serving in Iraq he survived seven IED blasts. "And then I was in a hard landing in a C-130." Translation: He was in a plane crash. He was medically discharged about a decade ago and Carrier says adjusting to civilian life was difficult, in part because of his headaches.

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4.9 - Fierce Healthcare: [A top VA aide pushed Congress to back Secretary David Shulkin's ouster: report](#) (1 March, Paige Minemyer, 141k uvm; Washington, DC)

One of the top staffers for VA Secretary David Shulkin, M.D., asked Congress to help push him out, according to a report from USA Today. Two sources told the newspaper that John Ulliot, the Department of Veterans Affairs' assistant secretary for public affairs, asked a senior aide to the House Committee on Veterans Affairs to convince legislators to contact the White House and call for Shulkin's ouster.

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4.10 - Pentagram: [Morale-boosting veterans-turned-pin-ups visit D.C.](#) (1 March, Jim Dresbach, 45k uvm; Easton, MD)

The nonprofit organization is known as Pin-Ups for Vets. Do not be deceived by the connotation of the word pin-up: the women involved in Pin-ups for Vets are United States military veterans, who wardrobe themselves in 1940s fashions and hairstyles and are as clean and crisp as a Glenn Miller ballad.

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4.11 - WCBE (NPR-90.5, Audio): [Exhibit Featuring Artwork By Veterans Reveals Art's Healing Power](#) (1 March, Mike Foley, 35k uvm; Columbus, OH)

Doodle to Fine Art includes projects created by veterans from a series of classes taught by Columbus artist Nicole Monahan. It also launched a Columbus VA research study examining the benefits of an art-making workshop for veterans. Organizers began with a simple question - can art make a difference in the health and wellbeing of veterans? For those with projects in the exhibit, the answer is a resounding yes.

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4.12 - News-Sentinel: [Komets Kare Package helping VA start food pantry](#) (1 March, Blake Sebring, 26k uvm; Fort Wayne, IN)

The Northern Indiana Veterans Administration Health System has opened a new food pantry stocked primarily with donations from Komets Kare Package. The pantry, located at 2121 Lake Ave. in the VA Hospital, is open to serve veterans. "Right now, it's being shared with our staff, and if a veteran comes in and has a special circumstance or a need we are able to provide them a box of items," said VA Voluntary Services Manager Erica Jones.

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4.13 - ConnectingVets: [Is Shulkin fighting for his job? ...or is he keeping VA from privatization?](#) (1 March, Jonathan Kaupanger, 24k uvm; New York, NY)

VA staff was relieved when David Shulkin's name was floated to take the top spot at Veterans Affairs. Sources inside VA tell Connecting Vets there was concern about other names floated before his. Everyone assumed Shulkin - who was already serving as undersecretary for health - would know what he was getting into.

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4.14 - The Chronicle: [Parkers Ferry Native Appointed to National Committee on Women Veterans](#) (1 March, 19k uvm; Charleston, SC)

Keronica Richardson, an Army Veteran and native of Parkers Ferry having attended Baptist Hill High School, was recently appointed to serve one term on the U.S. Department of Veterans Affairs (VA) Advisory Committee on Women Veterans, a diverse panel of experts whose task is to inform the VA Secretary about issues and programs that impact women veterans, as well as recommend policy and legislative changes.

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4.15 - The Economist: [What is going on at the VA? A window onto the Trump administration's special brand of chaos](#) (1 March, 600k uvd; New York, NY)

DAVID SHULKIN, the secretary of veterans' affairs, did a dim-witted thing when he took a leisurely trip to Europe in July 2017 at taxpayers' expense. The government paid his wife's travel costs while the pair toured Westminster Abbey, cruised down the Thames, improperly accepted tickets to Wimbledon and went shopping in Denmark. For this, Mr Shulkin has been appropriately excoriated by his department's inspector-general in a report that was released on February 14th.

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5. [Improve Timeliness of Service](#)

5.1 - Forbes: [The VA Will Eliminate Hepatitis C In Veterans By Year-End](#) (1 March, John LaMattina, 30M uvm; Jersey City, NJ)

Only a few years ago, stories appeared in the media about how tens of thousands of U.S. veterans were infected with hepatitis C and that the government couldn't afford to treat them. Typical was a CBS News report headlined "VA can't afford drug for veterans suffering from hepatitis C". The drug in question was Gilead's Sovaldi, a once-a-day pill that remarkably can cure hepatitis C over a 12-week regimen.

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5.2 - New York Daily News: [The other military parade we need: A March for Honor, for less-than-fully-honorable discharges](#) (1 March Rob Cuthbert, 26M uvm; New York, NY)
Saturday night, President Trump publicly staked out Veterans Day as a possible date for his military parade. According to Trump, the parade would run "up and down Pennsylvania Ave.," include a lot of "flyovers," and be "great for the spirit of the country." For a long time, I have hoped that thousands of veterans would march in Washington, D.C. However, none of these veterans currently serve in our military.

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5.3 - Becker's Hospital Review: [Feds investigate Miami VA for giving veterans inaccurate HIV results](#) (1 March, Megan Knowles, 441k uvm; Glencoe, IL)

The Miami Veterans Affairs Medical Center gave at least eight military veterans who were tested for HIV at the facility different results than tests from an outside lab, according to the U.S. Office of Special Counsel. The discrepancy in the results was only revealed after one of the Miami facility's employees, Roman Miguel, a lab director, complained to outside agencies that managers chose to ignore his concerns, according to an independent federal investigator.

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5.4 - New Hampshire Public Radio (Audio): [Dr. Funk, VA Whistleblower, Says Task Force Producing Detailed Review of Care](#) (1 March, Peter Biello, 151k uvm; Concord, NH)

The task force looking at the future of health care for New Hampshire's veterans has drafted some suggestions for improvements at the Manchester VA, and those suggestions do not include the construction of a new full-service VA hospital. This task force was put together last year after whistleblowers came forward with allegations of mismanagement at the VA. Dr. Erik Funk was the sole whistleblower to be named to the task force.

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5.5 - Task & Purpose (Video): [‘Don’t Ask, Don’t Tell’ Is Gone, But Its Effects Still Haunt LGBT Veterans](#) (28 February, Stephanie Russell-Kraft, 102k uvm; New York, NY)

It's been just over six years since the military ended its Don't Ask, Don't Tell policy, allowing gay, lesbian and bisexual service members to serve without needing to hide their sexual orientation for the first time. For some new recruits, the policy is already a relic, but for veterans who served before it ended, the discrimination they endured still feels fresh. Some of them were discharged because of the policy, while others merely suffered in silence until it ended. Many have shunned the label "veteran" altogether.

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5.6 - WVTF (NPR-89.1, Audio): [Virginia VA Medical Center at the Front of National Study on Oral Care](#) (1 March, Jeff Bossert, 54k uvm; Roanoke, VA)

Something most of us take for granted could become a national standard for when we need to be hospitalized. A nursing researcher at a veterans' hospital in Virginia helped start a national study – that could one day become hospital policy. It suggests using a toothbrush could become an easy way to reduce the risk of serious illness.

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5.7 - KPIC (CBS-4): [DeFazio: Investigation confirmed 'problems' at Roseburg VA Healthcare System](#) (1 March, 52k uvm; Roseburg, OR)

An investigation by the U.S. Department of Veterans Affairs found "problems with employee management and intimidation, medical care, and inadequate resources" at the Roseburg VA Healthcare System, Rep. Peter DeFazio said Thursday. "I'm pleased to see that the VA has substantiated the numerous claims employees, patients, and former staff have raised with my office," the Democrat from Springfield, Oregon, said.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Everyday Health: [Organizations Ask for Brain Donations From Veteran Women to Study Concussions, PINK Concussions and the VA's National Center for PTSD say that brain donations can help close knowledge gaps on TBIs in women in and outside of the military.](#) (1 March, Mia Garchitorea, 10.8M uvm; New York, NY)

After receiving a serious brain injury from a skydiving training accident in 2006, Harmony Allen, 38, suffered from memory loss, right-sided blindness, imbalance issues, and post-traumatic stress disorder. She was officially diagnosed with a traumatic brain injury (TBI) in 2010. Allen was medically discharged from the Air Force in 2011 and continues to suffer from TBI symptoms today.

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7.2 - Military Times (Home HQ): [VA supplemental loan: Who's eligible, how it works ... and what it covers](#) (1 March, Kevin Lilley, 2.1M uvm; Springfield, VA)

Veterans looking to make improvements or repairs on a home with a VA-backed mortgage may be able to use another VA loan product to help. Supplemental loans can be used for most anything that results in "improving the basic livability or utility of the property," according to the VA Lenders Handbook. But there are eligibility restrictions, and veterans seeking to make certain types of improvements may be out of luck.

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7.3 - KPBS (PBS-15): [VA Needs More Women To Participate In Head Trauma Research](#) (1 March, Steve Walsh, 278k uvm; San Diego, CA)

Research into concussions often does not involve women, including women veterans. In an effort to gather more data, the nonprofit Pink Concussions has started a collaboration with the Veterans Health Administration to promote the idea of women posthumously donating their brains for future studies.

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7.4 - Anniston Star: [Phillip Tutor: Sleeping under an Anniston house](#) (1 March, Phillip Tutor, 189k uvm; Anniston, AL)

Each day, without fail, Lori Floyd's office door opened and he walked in, large and occasionally loud. Sometimes it rained. Other days the sun baked the ground. But he never missed a day, week after week, for months on end. "And when I say every single day," Floyd says, "I mean every single day."

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8. [Other](#)

8.1 - CNN: [Embattled Cabinet members attend White House opioid event](#) (1 March, Dan Merica, 29.7M uvm; Atlanta, GA)

Three embattled Cabinet secretaries -- Attorney General Jeff Sessions, Housing and Urban Development Secretary Ben Carson and Veterans Affairs Secretary David Shulkin -- all appeared at a White House summit on the opioid epidemic, carrying on with business as usual.

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8.2 - ABC News (Video): [At opioid summit, Trump suggests dealers should get the death penalty](#) (1 March, Alexander Mallin, 24.1M uvm; New York, NY)

President Donald Trump made a surprise stop by the White House's summit on opioids today, where he suggested dealers face "the ultimate penalty" for their roles in drug-related deaths.

The summit came more than four months after Trump declared the opioid crisis a public health emergency, though the decision faced criticism as it stopped short of a national emergency declaration that would have made an additional surge of federal funds available to address treatment and recovery efforts.

[Hyperlink to Above](#)

8.3 - Daily Caller: [Trump Department Of Veterans Affairs Must Act On DOG ABUSE](#) (2 March, Roger Stone, 12M uvm; Washington, DC)

Following my op-ed and mounting criticism from the veterans' community, conservative media, GOP pundits, faith leaders including Pat Robertson, Congress, and determined taxpayer advocacy group White Coat Waste Project, the Daily Caller was the first to get VA Secretary David Shulkin on-the-record saying, "I am not a strong believer in the need for canine research."

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8.4 - The Hill: [Melania Trump calls for action at opioid summit](#) (1 March, Peter Sullivan, 11.8M uvm; Washington, DC)

Azar highlighted his discussions at the National Governors Association's winter meeting last weekend, where he encouraged governors to apply for waivers that allow states to expand the opioid addiction treatments that Medicaid can be used to compensate. "I'm hopeful that we'll see a faster clip," Azar said. "Those waivers are very easy to do." Shulkin highlighted that opioid use in the VA system has declined 41 percent since 2012.

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1. [Top Stories](#)

1.1 - CNN (Video): [Embattled VA Secretary Shulkin faces skeptical Congress](#) (1 March, Juana Summers, 29.7M uvm; Atlanta, GA)

Washington (CNN) In the weeks since a sharply critical inspector general report faulted Veterans Affairs Secretary David Shulkin with misusing taxpayer funds and amid reports of an agency rife with tension and infighting, Shulkin has maintained that he is fully in control, insisting that he has "no tolerance" for those who try to distract from the department's mission.

But on Capitol Hill, lawmakers seem frustrated by a steady stream of events that have put more attention on the agency's internal squabbles than the veterans it seeks to serve.

Two top Democrats on the Senate Veterans Affairs Committee -- Jon Tester of Montana and Sen. Patty Murray of Washington -- each pointed to "chaos" and "infighting" at the department.

"I'm deeply concerned by reports of chaos at the highest levels of VA, which seems to be a trademark of this Administration," Murray, who was briefed on Thursday by department Inspector General Michael Missal on Thursday about the investigation, said in a statement. "That chaos is a huge disservice to millions of veterans across the country who deserve a department that is fully focused on serving their needs."

Cassie Byerly, a spokeswoman for Tester, said that "veterans deserve better than a VA that's crippled by infighting."

Asked whether Tester still backed Shulkin, Byerly said that America's veterans need leaders at the Veterans Affairs Department and in the White House focused on ending the department's Veterans Choice Program and ensuring veterans have access to quality care.

"That means we need a secretary who works for our veterans, not for the Koch Brothers," she said.

Shulkin has been working to clear his name and restore confidence in his leadership since the inspector general report found that he and senior members of his staff misled agency ethics officials and that Shulkin misused taxpayer funds.

Shulkin has taken issue with the report, calling it "entirely inaccurate," but has said he would follow all inspector general recommendations and has already repaid the US Treasury for his wife's travel. He has said that he regrets that the matter has taken the focus off the department's mission.

He has also said that the Europe trip, which included a veterans mental health conference as well as sightseeing and a Wimbledon match, was essential to his job.

But it is also unclear whether he has full control of his agency as power struggles over competing policy priorities between Shulkin and Trump appointees spill into the open.

Those include the departure of Shulkin's chief of staff, who was named in the IG investigation, and reports that two White House advisers were meeting with key veterans groups to discuss policy issues without the presence of Shulkin's key aides.

The latest signal of turmoil came Wednesday when USA Today and The Washington Post each reported that John Ulyot, a senior aide at the department, tried to get a top House Veterans' Affairs Committee staffer to encourage members to demand the resignation of Shulkin, and his deputy secretary, Thomas Bowman. Ulyot was joined on the call by the department's press secretary, Curt Cashour, the newspapers reported.

Ulyot and Cashour in a joint statement provided to reporters disputed the characterization of the call and said the allegation was "ridiculous."

Amanda Maddox, a spokeswoman for Sen. Johnny Isakson, the chairman of the Senate Veterans Affairs Committee, told CNN that Isakson still "strongly supports" Shulkin, but did not respond to a request for comment on Shulkin's aides reportedly attempting to oust him. Tiffany Haverly, communications director for House Veterans' Affairs Committee Chairman Rep. Phil Roe, said that Roe has said "both publicly and privately, on multiple occasions, that the secretary and deputy secretary have his full support."

So far, just one lawmaker -- Colorado Republican Rep. Mike Coffman, a member of the House Veterans Affairs panel -- has called for Shulkin's resignation. On Wednesday, he called on President Donald Trump to remove Shulkin from his job, saying that Shulkin "clearly lacks the moral authority to lead the VA" and the integrity expected of a member of Trump's Cabinet.

Shulkin was at the White House on Thursday -- alongside two other embattled Cabinet heads -- for a White House summit on the opioid epidemic, a chief policy priority of the Trump administration.

During the daily briefing, White House press secretary Sarah Sanders said that Shulkin was "glad for the job [Shulkin] is doing to reform and modernize the VA," and that the President supported that work. She added that the White House is reviewing Shulkin and his wife's travel expenses, to ensure that Shulkin is "being responsible with taxpayer dollars."

CNN's MJ Lee contributed to this report.

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1.2 - The Hill: [GOP lawmaker to Trump: Shulkin 'lacks the moral authority' to lead VA](#) (1 March, Brandon Carter, 11.8M uvm; Washington, DC)

Rep. Mike Coffman (R-Colo.) is renewing his calls for Veterans Affairs Secretary David Shulkin to resign, saying Shulkin "lacks the moral authority" to lead the department.

In a letter sent to President Trump Thursday, Coffman slammed Shulkin for his alleged "abuse of taxpayer's funds and government resources" and called on Trump to "relieve Secretary Shulkin of his duties."

"I also request that you nominate as his replacement a true outsider to the VA's bureaucracy," wrote Coffman, who faces a tough reelection battle this November.

The VA's Office of Inspector General (OIG) released a report last month that found Shulkin's chief of staff doctored an email in an effort to cover up travel expenses racked up by Shulkin's wife.

The report found that Shulkin's chief of staff, Vivieca Wright Simpson, made changes to an official email to get approval for taxpayer funding for Shulkin's wife's flights costing more than \$4,000.

It also said Shulkin misused government resources by accepting gifts of Wimbledon tickets and airfare for his wife when he took a trip to Europe last summer.

Wright Simpson announced her retirement two days after the inspector general's report came out.

Shulkin initially claimed that Wright Simpson's email account had been hacked, but on Wednesday the OIG dismissed the suggestion that that breach had anything to do with the expense emails.

"Based upon the facts provided in this OIG report, I believe that Secretary Shulkin clearly lacks the moral authority to lead the VA and the integrity expected of a member of your cabinet," Coffman wrote to Trump.

"When the leader of a department is seen as willing to violate or stretch the rules to personal advantage, the example set is unacceptable," he continued. "Inevitably, employees throughout the VA will consider the example set by Secretary Shulkin as a 'green light' to avoid accountability, to take opportunities for personal enrichment, or other violations of laws, regulations, and their duties."

Coffman's letter comes one day after reports that one of Shulkin's own top aides has been lobbying lawmakers to get the VA chief fired.

After the report's release, Shulkin said he reimbursed the federal government for his wife's travel expenses, but denied any involvement with the tampered emails. He said he would not resign, adding he wouldn't "be distracted by issues like that" when asked about the report.

Shulkin was tapped by former President Obama to serve as the VA under secretary for health before President Trump nominated him to lead the department last year.

Coffman originally called for Shulkin's resignation after the inspector general report was first released.

The Colorado Republican has long been an electoral target for Democrats. Former President Obama won his district in 2012 and Hillary Clinton won it in 2016.

A recent poll released by Democratic-leaning pollster Public Policy Polling found candidate Jason Crow (D) holds a 44 percent to 39 percent lead over Coffman heading into the 2018 midterm elections.

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1.3 - Military Times: [Study: Private sector may not be ready for new veteran patients](#) (1 March, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Lawmakers appear poised to send tens of thousands of veterans in the private sector for health care in an effort to provide quicker, more convenient appointments for an array of medical needs.

But a new study casts doubt on whether private care providers can do that.

Researchers from the Rand Corp. on Thursday released a new study of New York state medical providers that noted the majority of physicians working outside Veterans Affairs programs “know little about the military or veterans, are not routinely screening for conditions common among veterans, and are unfamiliar with VA.”

Though restricted to one state, the findings echo concerns among critics of the White House push to send more veterans outside the VA’s medical system to receive care: that easing access for veterans appointments may bring with it a host of other, unintended problems.

House and Senate lawmakers are currently crafting separate but similar measures which would ease access for veterans to receive health care from doctors in their communities at the federal government’s expense.

VA already pays for a significant amount of community care among its patients — last year, about one-third of all medical appointments were at sites outside the Veterans Health Administration — but the new realignment would push even more resources into those private-sector appointments and reduce administrative restrictions on veterans’ eligibility to access them.

Conservative groups have pushed for President Donald Trump to go even further and adopt a system where veterans could choose whether to skip VA services altogether in favor of their own local physicians but still have federal agencies pay for the costs.

That has drawn accusations of privatization of VA services and responsibilities, a fight that has lead to significant internal turmoil at the department in recent weeks.

One of the concerns raised has been whether military-specific health care issues like combat traumatic brain injury can be diagnosed and treated by doctors outside the VA system. The Rand study states that while access to care may improve with broader VA rules, actual wellness among veterans may not.

“We found that most providers regularly screened patients for pain-related concerns, but fewer regularly screened for suicide risk, sleep-related problems, and other issues,” researchers wrote. “Providers in the metropolitan region were less likely than providers in the western region to screen for common conditions among veterans.”

Only about one in three providers met a the study’s “minimum threshold for familiarity with military culture” and only one in five routinely asked patients if they had a military background.

Researchers also concluded that veterans with significant disabilities “might not always receive appropriate accommodations in the community-based health care setting” given unfamiliarity with their types of injuries.

The study does not outright reject the idea of expanding community care, but instead notes that “significant efforts are needed to increase the readiness of community-based providers to deliver culturally competent, high-quality care” if such changes are made.

And researchers acknowledge that their findings have limitations for the national health care picture given that they focus on only one state, albeit one with around 900,000 veterans, among the largest totals in the country.

Lawmakers and VA officials had hoped to complete the health care overhaul last spring, but have been forced to extend funding for the controversial VA Choice program twice as negotiations in Congress have stalled. They’ll need another funding bridge later this spring if the two chambers can pass changes soon.

Meanwhile, VA Secretary David Shulkin has repeatedly stated he is not in favor of privatizing his department’s duties or services, but does believe that the future of veterans health care depends on a network of federal and private-sector providers to ensure reliable access and quality care.

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2. Greater Choice for Veterans

2.1 - MedicalXpress: Most health providers in New York not ready to care for veterans, study finds (1 March, Rand Corporation, 1.5M uvm; New York, NY)

Only about 2 percent of the physicians and other health care providers in New York State are equipped to provide timely and quality care to veterans in the community, according to a new RAND Corporation study.

Scoring the civilian medical workforce across seven measures of readiness to treat veterans, the study found that most providers fell short on items such as being familiar with the military culture or routinely screening for conditions common among veterans.

The study is the first to gather information about the readiness of community-based providers across a wide array of professional types to address the health needs facing veterans. The issue is important because federal officials are considering whether to encourage more veterans to use their benefits to receive care in the community rather than from the Veterans Affairs health system.

"These findings reveal significant gaps and variations in the readiness of community-based health care providers to provide high-quality care to veterans," said Terri Tanielian, the study's lead author and a senior behavioral scientist at RAND, a nonprofit research organization. "It appears that more work needs to be done to prepare the civilian health care workforce to care for the unique needs of veterans."

New York State is home to more than 800,000 veterans, half of whom are younger than 65 years of age. The VA spends about \$6.3 billion annually on benefits and services for veterans in the state, with nearly one-half spent on medical services.

The New York State Health Foundation asked RAND to assess the readiness and capacity of the state's civilian health workforce to deliver high-quality care to veterans.

"We know from earlier RAND research that about half of New York's veterans prefer to get care in their own communities, rather than at the VA," said David Sandman, president and CEO of the New York State Health Foundation. "Given this demand for community-based care, we wanted to better understand whether providers are prepared to meet veterans' needs. This report offers both a snapshot of where we are today and a roadmap for improvement."

The study is based on a survey of 746 health care providers from across the state, who were asked about their practice habits and familiarity with the VA health system. Those questioned included physicians, nurse practitioners, psychologists and other types of licensed health professionals.

Health providers were asked about seven measures of readiness: whether they were accepting new patients, whether they were prepared to treat conditions common among veterans, whether they used clinical practice guidelines in providing care, whether they screen for conditions common among veterans, whether they accommodate patients with disabilities, whether they were familiar with military culture, and whether they screen patients for military and veteran affiliation.

Researchers developed the measures of preparedness by consulting the medical literature about issues important for offering high-quality and timely care to veterans.

While more than 90 percent of the health providers said they could accommodate new patients, the proportion of providers prepared to care for veterans falls sharply as researchers applied the other measures across the health workforce.

Apart from whether providers are ready to provide high-quality care for veterans, researchers found that it may be difficult for veterans in New York to find health providers prepared to accept VA coverage.

Fewer than 5 percent of the health care providers surveyed reported being part of VA Community Care, the network of providers who accept VA benefits. Mental health providers were the least likely to be enrolled in the program.

Researchers suggest that training programs are needed to increase health providers' military cultural competence and knowledge of the VA. In addition, efforts are needed to encourage providers to appropriately screen veteran patients for common service-connected conditions.

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2.2 - KFDA (CBS-10): [VA Medical Center undergoing renovations to improve healthcare quality](#) (1 March, Mike Makie, 193k uvm; Amarillo, TX)

AMARILLO, TX (KFDA) - The VA Medical Center is currently undergoing construction in order to improve the quality of healthcare they provide to veterans.

With aging infrastructure, certain facilities that provide health care are in need of an update.

The Veterans Medical Center is currently in Phase 1 of their two part plan to modernize facilities.

"As a veteran myself, it's very exciting to see what the VA is doing to provide an environment for our veterans," said Engineer Alejandro Ortiz. "To just give them a much more modernized facility, a much more welcoming place for them to seek their health care."

Ortiz enjoys seeing a building that was built nearly 70-years-ago continue to be modernized.

"I think it puts us in the lead, on the forefront of it. We do have aging infrastructure throughout the country, and it certainly puts us at the forefront of that curve," said Ortiz.

Construction crews have been working to renovate the south side of the building to bring it comparable to the north.

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Before construction, rooms on the south side were built to treat two veterans at a time.

When completed, each veteran will get their own room and private restroom.

Nurse Manager Lindsey Johnson says that will provide a feeling that is more like home.

"It's just a more homey feel that allows for patients and families to come in and receive the care that they need," said Johnson.

Johnson said the new additions will help allow staff to go the extra mile while administering treatment.

"There is lift equipment in every single room, every bathroom," said Johnson. "It allows our staff to provide outstanding care to our veterans while ensuring safety."

However, Ortiz construction can sometimes interfere with the ability to provide care.

"Sometimes we're not able to see them as quickly as we can due to the renovations," said Ortiz. "So we do have to shuffle spaces around to accommodate them. So unfortunately we do impact our patients in that manner."

Johnson hopes renovations will ease the uncomfortable feeling some may feel when they are treated at a hospital.

"Being in the hospital is a very vulnerable time, so just having very nice, comforting facilities can help with the healing process I think, and just the overall veteran experience," said Johnson.

Engineers says they hope to have construction completed and all rooms open and serving veterans by October of 2019.

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2.3 - New York Upstate: [Most NY docs not ready to care for veterans seeking VA alternatives, study shows](#) (1 March, James T. Mulder, 155k uvm; Syracuse, NY)

SYRACUSE, N.Y. -- As the government considers sending more military veterans to community doctors for medical care, a new study shows most New York doctors are not prepared to handle them.

Only about 2 percent of doctors and other health care providers in New York are equipped to provide timely and quality care to veterans, according to a RAND Corporation study funded by the New York State Health Foundation.

The study found most providers are not familiar with military culture or routinely screen for conditions common among veterans.

The study comes at a time when federal officials are considering allowing more veterans to use their benefits to get care in the community instead of VA hospitals.

"These findings reveal significant gaps and variations in the readiness of community-based health care providers to provide high-quality care to veterans," Terri Tanielian, the study's lead author, said in a prepared statement. "It appears that more work needs to be done to prepare the civilian health care workforce to care for the unique needs of veterans."

New York is home to more than 800,000 veterans, half of them under 65. The VA spends about \$6.3 billion annually on benefits and services for veterans in the state, with nearly one-half spent on medical services.

A previous RAND study found about half of New York's veterans prefer to get care in their own communities instead of at the VA.

The study is based on a survey of 746 health care providers from across the state, who were asked about their practice habits and familiarity with the VA health system. Those questioned included physicians, nurse practitioners, psychologists and other types of licensed health professionals.

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3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - New York Times: [New York Today: The Art of Healing](#) (1 March, Alexandra S. Levine, 30M uvm; New York, NY)

Good morning on this dry-to-drippy Thursday.

A nationwide art competition for veterans is underway, and several New Yorkers are among the finalists.

The annual contest, called the National Veterans Creative Arts Festival and hosted by the Department of Veterans Affairs, draws thousands of veterans to their local V.A. centers to share works including painting, poetry and dance numbers.

It can also serve as a form of therapy, contestants said, helping veterans cope with psychological trauma.

Finalists from the local competitions will be chosen to attend a national festival in Des Moines in the fall. And this week, Sarahlynn Lewis and Nelijah Cox of Brooklyn were named as two of the gold medalists who may go on to represent our city in Iowa.

Ms. Lewis, 70, who grew up in Harlem and served at Fort Lewis in Washington State during the Vietnam era, said she had used art to overcome obstacles in life, beginning in kindergarten.

"When I started, I had a stuttering problem, so I would draw what I was trying to say," Ms. Lewis told us.

Such a fine inspirational feature story; sometimes it feels like (except for what must be the lousy working hours) doing what you guys do...

Ms. Lewis said she was raped while in the Army. After that, she said, art saved her life.

"Doing my artwork, I was able to continue to deal with life itself," she said. "I knew that I had the gift, and it helped me survive."

Sculpture is her specialty. "Sting," a work for which she was made a finalist, brings a scorpion to life through wood carvings. "I kept going and going," Ms. Lewis said of the six months she spent on the sculpture, "and next thing I knew, it looked like it was breathing."

Ms. Cox, 60, who served in West Germany and Fort Jackson in South Carolina in the 1980s before moving to New York in 1989, said that she, too, was raped in the Army and that art had been part of her healing process.

"I suffer from PTSD from sexual trauma when I was in the military — when I went to the V.A., I was very depressed, I was out of it, I was suicidal," Ms. Cox said. She learned needlepoint through the facility's art therapy program.

"We do art every day," she said. "It literally saved our lives. It takes your mind away from the past experiences that are not good for you."

Ms. Cox has since become a master of Egyptian needlepoint. Her piece "Mystic," a project 12 years in the making, earned her consideration for the national competition, which begins in October.

(We're rooting for you both!)

Until then, you can see works by Ms. Lewis, Ms. Cox and other talented veterans at the Manhattan campus of the V.A.'s New York Harbor Health Care System.

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4.2 - Daily Caller (Video): [VA IG Findings Create A Serious Credibility Problem For Shulkin In Hacking Claims](#) (28 February, Luke Rosiak, 12M uvm; Washington, DC)

Department of Veteran Affairs Secretary David Shulkin's insinuation to Congress that the department had been hacked was not based in fact, the agency's inspector general said Tuesday.

The accusations raise serious questions about whether Shulkin attempted to mislead Congress by implying that an incriminating email attributed to his chief of staff might not be authentic because someone had stolen her identity.

The only evidence of that, it turns out, consisted of an email from a comcast.net address sent hours before he made the assertion. Shulkin implied there was a longstanding pattern of someone convincingly impersonating chief of staff Vivica Simpson's work email.

"Given the 'External' markings and the comcast.net email domain, it is obvious from the face of the 'Vivieca Wright Simpson' email that it did not originate from the VA email system," the IG wrote.

The IG said VA's information technology staff found "no evidence that Simpson's actual VA email account was compromised during any period relevant to the Europe travel investigation or subsequently."

Simpson, who retired hours after the VA first called attention to the incriminating email, would not cooperate with the IG, but said that she had never said her email was hacked.

Shulkin hired a private law firm and crisis PR firm to help him weather a major IG report faulting him for an extravagant trip to Europe and alleging he made false statements about it. It also claimed that Simpson falsified an email the government would pay for Shulkin's wife to go on a trip to Europe.

"Wright Simpson denied having sent the email with altered information, and showed Shulkin evidence that her email had been hacked and that someone had been sending emails in her name, [Shulkin] said," Politico reported Feb. 14 — the day the report was released.

The following day, he faced lawmakers over the report, and again mentioned hacking, suggesting Simpson had been framed.

Minnesota Rep. Tim Walz told Shulkin that if that was true, the hacker should be prosecuted.

"These allegations from the VA Secretary that the third senior-most official at VA may have been the target of criminals committing fraud and computer intrusion with the intention of

harming her reputation, and that these criminal activities took place on VA computers and networks are very serious,” he wrote to Attorney General Jeff Sessions.

Another committee member, Colorado Republican Rep. Mike Coffman, said when Walz offered to help punish the hacker, Shulkin didn’t have the expected reaction. “I looked at the secretary’s face, and he seemed surprised, like ‘uh-oh.’ But what else would you do?” he told The Daily Caller News Foundation.

The following day, Shulkin acknowledged to TheDCNF that the only evidence of impersonation was limited to an occurrence the very day the IG report was released.

“On Wednesday we became aware that Mrs. Simpson’s email was being impersonated by someone else. We have no evidence that that’s related to the IG report ... that’s something we want to understand,” he said.

But he still did not reveal that it was a fake personal email account. TheDCNF asked if Simpson might have sent the email herself to try to get out of trouble. “It’s not the way it was explained to me. It was explained that someone had taken over her email,” he said.

“It was a request to wire money out of the VA to somewhere else,” Shulkin said. “Fortunately, our Finance Department thought that was an unusual request and brought it to our attention so there was no money sent out.”

The VA’s IG wrote to Walz on Tuesday saying it had worked with the Department of Justice Public Corruption unit to obtain Simpson’s records and found the email was far less sophisticated.

Shulkin had personally seen the evidence upon which he based his claim, and it was merely a comcast.net email account that used Simpson’s name and was “purportedly seeking to obtain payment on a purchase order,” the letter said.

The incident therefore could not have explained the Europe travel email, which came from her VA account. Simpson falsified another person’s statement in the email so the government would pay for Shulkin’s wife to go on the trip, the IG claims.

Coffman, the former chair of the VA’s oversight subcommittee, sent a letter to President Donald Trump on Wednesday calling Shulkin’s conduct “disgraceful.”

“I write to ask you the relieve Secretary Shulkin of his current duties,” he wrote.

The hacking excuse wasn’t the first time Shulkin tried to manipulate evidence,” he said. “The Secretary knowingly mischaracterized” a person who gave him free Wimbledon tickets “as a friend of his wife to ethics officials. The report indicates that he did so specifically to mislead the investigators into believing that these tickets qualified for the ‘personal friendship’ exception to the rule prohibiting the acceptance of gifts.”

The report also says that immediately after a reporter called to ask if two were actually friends, Shulkin’s wife called the supposed friend, and they spoke for 10 minutes. Immediately after the call ended, the friend sent a text message saying “hope you are well.” Shulkin’s attorneys attempted to use the text as evidence of a friendship.

Coffman's later says that only days before going on the Europe trip, Shulkin sent a memo to all VA staff "demanding that all VA travel be 'essential' as a cost-saving mechanism. "The Secretary's eleven-day trip consisted of three and a half days of meetings" and "included significant personal time for sightseeing and other unofficial duties," according to the OIG report.

"I believe that Secretary Shulkin clearly lacks the moral authority to lead the VA and the integrity expected of a member of your cabinet," Coffman wrote.

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4.3 - Washington Times: [Rep. Mike Coffman calls on Trump to fire VA Secretary Shulkin](#)

(Dave Boyer, 10.8M uvm; Washington, DC)

A Republican on the House Veterans Affairs Committee is calling on President Trump to fire VA Secretary David Shulkin in the wake of a scandal over his travel expenses and other issues.

Rep. Mike Coffman of Colorado told the president in a letter Wednesday that Mr. Shulkin "lacks the moral authority to achieve your goals of a transparent, accountable VA that is dedicated to meeting our nation's obligations to the men and women who wore the uniform and made tremendous sacrifices in defense of our freedoms."

"Mr. President, you promised the American people that you would end the culture of corruption and bureaucratic incompetence that for far too long has defined the leadership of the VA," Mr. Coffman wrote. "I write to ask you to relieve Secretary Shulkin of his current duties."

The VA's inspector general issued a report last month finding that Mr. Shulkin misled ethics officials about a trip he took with his wife to Europe last year that included official duties and tourist activities such as the Wimbledon tennis tournament.

Mr. Shulkin's new chief of staff, Peter O'Rourke, has been meeting with VA staffers suspected of trying to undermine him, the secretary told Politico recently.

Mr. O'Rourke replaced Vivieca Wright Simpson after she retired last week. The IG report accused her of doctoring an email to get the VA to pay for Mr. Shulkin's wife to accompany him on the trip to England and Denmark last summer.

Mr. Coffman wrote that Mr. Shulkin "knowingly mischaracterized" the relationship of a woman who gave his wife tickets so it could qualify as an allowable gift. He also said Mr. Shulkin "did not follow his own guidance" that official VA travel should be "essential."

According to the OIG report, the secretary's 11-day trip consisted of three and a half days of meetings, including an evening reception. Further, the report states that the schedule in Europe "included significant personal time for sightseeing and other unofficial activities," Mr. Coffman wrote. "Based on the OIG's evidence and report, it is clear that Dr. Shulkin and his wife prioritized sightseeing at the expense of our nation's taxpayers."

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4.4 - KMGH (ABC-7): [Rep. Mike Coffman doubles down on VA secretary, asks Trump to fire him for misusing taxpayer money](#) (1 March, Blair Miller, 2.1M uvm; Denver, CO)

DENVER – U.S. Rep. Mike Coffman is doubling down on his demands that the Veterans Affairs secretary be out of his job, now asking the president himself to fire the secretary for misusing taxpayer money on a trip to Europe.

Coffman, a Colorado Republican who is a member of the House Veterans Affairs Committee, called for VA Secretary David Shulkin to resign last month after an inspector general report found Shulkin improperly accepted Wimbledon tickets and lied about the 11-day trip to Europe, among other things.

The report by the VA Office of Inspector General found that Shulkin's top aide doctored emails to make it appear as though Shulkin was accepting an award in Denmark so his wife could feely travel.

It also suggested that Shulkin reimburse the U.S. government for more than \$4,000, and that he and his staff displayed "poor judgment and/or misconduct."

Shulkin said he did nothing wrong and said the investigation had a "thread of bias," adding that the report was "a direct assault" on his wife, character, and his "unblemished record of service" to the VA, as Shulkin put it.

Coffman, who has consistently hammered the VA over its over-budget and behind-schedule construction of the new VA hospital in Aurora, said Shulkin made Americans trust the department even less because of his actions and said it was time to "clean house" at the time.

On Wednesday, Coffman sent a letter to Trump urging the president to fire Shulkin, saying the VA secretary had violated the president's trust, as well as that of Americans.

"I believe that Secretary Shulkin clearly lacks the moral authority to lead the VA and the integrity expected of a member of your cabinet," Coffman wrote to Trump, adding that Shulkin was setting a bad example for other VA employees by misusing taxpayer money.

"Mr. President, you promised the American people that you would end the culture of corruption and bureaucratic incompetence that for far too long has defined the leadership of the VA," Coffman wrote to Trump. "Unfortunately, Secretary Shulkin, by his conduct, lacks the moral authority to achieve you goals of a transparent, accountable VA that is dedicated to meeting our nation's obligations to the men and women who wore the uniform and made tremendous sacrifices in defense of our freedoms."

The VA inspector general referred the report on Shulkin and his staffers to the Department of Justice, which declined to prosecute the case.

Coffman's spokesman, Daniel Bucheli, said Thursday that the office had yet to receive any official response from the White House.

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4.5 - Becker's Hospital Review: [Top VA aide allegedly lobbied Congress to call for Dr. Shulkin's resignation](#) (1 March, Leo Vartorella, 441k uvm; Glencoe, IL)

John Ulyot, the assistant secretary for public and intergovernmental affairs at the Department of Veterans Affairs, allegedly probed a Congressional aide to try and get lawmakers to call for VA Secretary David Shulkin, MD, to resign, according to USA Today.

Mr. Ulyot, along with Dr. Shulkin's spokesman Curt Cashour, called a senior aide at the House Committee on Veterans Affairs Feb. 15 to convince members of the committee to call the White House and demand Dr. Shulkin's resignation, two anonymous sources told USA Today.

Mr. Ulyot confirmed the call took place but denied he tried to oust Dr. Shulkin. The VA has been racked with turmoil in recent weeks, with Dr. Shulkin facing criticism for allegedly misappropriating funds for a European trip with his wife and well-documented dissension among his top staffers.

In mid-February, Dr. Shulkin said he was given White House approval to fire top employees who undermine his agenda, reiterating that point to USA Today Feb. 26.

"I am committed to getting us back on track, and the only way I know how to get us back on track is to make sure there is only one agenda in this organization, and that's to serve veterans," Dr. Shulkin told USA Today. "And anybody who is trying to distract from that, I have to make sure that they understand that we're not going to have tolerance for that."

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4.6 - The News-Review: [Investigative report: Senior VA leadership created environment of intimidation; radiology, cardiology, psychiatric issues identified](#) (1 March, 160k uvm; Roseburg, OR)

The federal Office of the Medical Inspector has demanded changes from the Roseburg Veterans Affairs Medical Center, including removing some managers, a summary report reveals.

The report follows an investigation into alleged whistle-blower retaliation and clinical concerns at the Roseburg VA. The investigation was requested by U.S. Rep. Peter DeFazio, D-Springfield, who said he had been contacted by hundreds of current and former employees alleging problems with VA management.

A brief, two-page summary of the Blue Cover Report, dated Wednesday, and received by the News-Review Thursday, said investigators looked into seven allegations and substantiated six of them.

Investigators visited the Roseburg VA, and the Eugene VA clinic, which it runs, in October, November and December. They interviewed 131 present and former employees, according to the report summary. The report said investigators found Roseburg VA senior leadership had created an environment of intimidation, an apparent confirmation of multiple anecdotal reports of bullying and whistle-blower retaliation. Chief of Surgery Dinesh Ranjan, who had been the focus of some allegations of bullying and retaliation, stepped down about a month ago, followed shortly afterward by Director Doug Paxton.

Other substantiated allegations listed in the report involved radiology practices that impacted timely and accurate results; inadequate supplies and resources identified by nursing staff; mismanaged cardiology consultations; "suboptimal utilization" of Eugene operating rooms; and clinical and leadership concerns in the acute psychiatric unit. The items are presented in list form, without details.

A complaint about access to primary care was said to be partially substantiated, while a claim that a surgeon had been improperly terminated was not substantiated. The surgeon was not named.

The OMI made 22 recommendations for changes at the Roseburg VA, and said the facility leadership must develop action plans to meet those recommendations. The OMI will monitor the VA until all the action items are completed, the report said. It also issued recommendations to the regional network that oversees Roseburg.

Among the OMI's recommendations is that three associate chiefs of staff be removed from supervisory responsibilities, and that the nurse manager of mental health be removed from supervisory duties. The report also calls on the regional network, VISN 20, to "investigate the Chief of Staff concerning actions related to the hostile work environment," and to "provide immediate support for the replacement of three Associate Chiefs of Staff."

It calls for the Roseburg VA to perform a root cause analysis study into the death of a veteran who was diagnosed with frostbite. Another root cause analysis is called for on a case identified only as having been "described in the Report."

A number of recommendations involve radiology. Some of those include refining standard operating procedures, standardizing methods to communicate clinically significant findings, and following national practice standards.

It also calls for assigning an experienced clinician to oversee the psychiatric unit and for evaluating after-hours coverage by a telepsychiatrist.

DeFazio issued a written statement Thursday afternoon, in which he said the OMI recommendations will lead to significant improvements, not only at the Roseburg VA, but at VA hospitals around the country.

"I'm pleased to see that the VA has substantiated the numerous claims employees, patients and former staff have raised with my office," DeFazio said. "The recommendations laid out in the summary are only the beginning, though — I will continue to work with stakeholders on the local, regional and national levels to ensure these recommendations are implemented and Oregon's veterans and veterans nationwide get the care they deserve."

DeFazio said the VA has "suffered from years of mismanagement," and it's "long past due that the VA implements lasting, meaningful change."

VA Interim Director Dave Whitmer said the VA appreciates the OMI's review.

"While OMI found a number of opportunities for improvement, we welcome the scrutiny and consider this an opportunity to redouble our efforts to serve Veterans," he said in a written statement. "The Roseburg VA Health Care System is under new leadership and on a new path,

and we look forward to working with Veterans, community stakeholders and local and national VA leaders in order to complete all of OMI's recommendations."

Susan Neeley May, who had alleged Ranjan bullied her while she worked as a VA clerk, said when she visited the VA a week and a half ago she saw a marked change in the employees' morale.

"The atmosphere at the VA is completely different," she said. "Employees are happier, they're more relaxed, everybody was coming up and saying thank you for helping in this fight. And everybody's really hopeful that the atmosphere is actually going to change."

Douglas County Veterans Forum President Larry Hill reviewed a copy of the report summary and said he found it evenhanded.

"I'm satisfied with this report. That's my personal opinion. I'm not speaking for the organization on this, but I'm pretty satisfied with it," Hill said.

A full report from the OMI is expected in the near future. The VA Office of Accountability and Whistleblower Protection also sent investigators to the Roseburg VA, and is expected to produce a separate report.

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4.7 - Herald-Mail: [Veterans show off creativity at Martinsburg Veterans Affairs Medical Center art festival](#) (1 March, Richard Belisle, 158k uvm; Hagerstown, MD)

MARTINSBURG, W.Va. — David Sterling, one of the veterans who submitted entries in 20 categories for a Martinsburg Veterans Affairs Medical Center art festival, said Thursday that his painting career began "when I was 5 and painted my dad's brand new car."

"I didn't like the color, so I got out a bucket of paint and a brush and painted it," Sterling, a 75-year-old U.S Navy veteran, said while waving his arms to demonstrate the broad brush strokes he used.

Judges gave Sterling's acrylic landscape the Best in Show award at the annual Veterans Creative Arts Festival.

When asked if he was excited about winning the top prize, Sterling said, "Oh, yes. I put a lot of detail into my paintings."

Thursday marked his second year in the festival.

The medical center has been hosting the festival for more than 30 years, said Dawn Johns, who coordinated Thursday's event with co-worker Shawn Jordan.

The 20 top contestants in Martinsburg will advance to national judging against first-place winners from other VA medical centers. Winners in that competition will compete in the weeklong National Veterans Creative Arts Festivals in Des Moines, Iowa, in the fall, Johns said.

Fine and applied arts and crafts, creative writing and performance arts were the three categories judged Thursday. Ribbons were awarded for first, second and third place.

Howard Jefferson, 58, a U.S. Marine veteran, entered 20 pieces.

"I have photographs, paintings and sculptures here," he said. "I've been doing this all my life. It's a way of expressing myself."

Thursday was his first time at the Martinsburg show. He said his work has been exhibited at Shepherd University in Shepherdstown, W.Va., and Blue Ridge Community and Technical College in Martinsburg.

Michael Nance, 60, a U.S. Navy veteran, entered Thursday's festival in performance art.

He has been in the field for 30 years, performing in theatrical groups in his native Philadelphia. His segment Thursday was a dramatic monologue on the Rev. Martin Luther King Jr.'s "I Have a Dream" speech. He also has performed as Malcolm X.

Su Carroll of Martinsburg served in the U.S. Navy for 20 years. She submitted four entries in the applied arts-and-crafts category. She took first prizes for a collage and an adult coloring kit.

"I have won first-place ribbons in earlier shows here," she said. "I can't sit still."

Tom Taylor, 67, of Washington, D.C., served in the U.S. Army in Vietnam. He entered nine oil paintings at the festival, including one of a scene of Adam and Eve that was popular among patrons.

"I've been painting since I was a kid, but this is the first time I've been in this festival," he said. "I find painting to be very therapeutic."

James Jackson, 65, another U.S. Army vet in Vietnam, submitted entries in the applied mixed-media category, including a chess set and board.

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4.8 - New Hampshire Public Radio (Audio): [Veterans to Perform in 'Make Sure It's Me,' a Play About TBI, at Manchester VA](#) (1 March, Peter Biello, 151k uvm; Concord, NH)

Sean Carrier is an Army veteran. He's 44 years old, and while serving in Iraq he survived seven IED blasts.

"And then I was in a hard landing in a C-130."

Translation: He was in a plane crash. He was medically discharged about a decade ago and Carrier says adjusting to civilian life was difficult, in part because of his headaches. Bad headaches. And memory problems. His short-term memory wasn't working like it used to before the blasts.

"Didn't even know what TBI was," he says. "It was called post-concussion syndrome back then."

TBI, or Traumatic Brain Injury. He got the diagnosis long after those IED explosions, and the lingering damage made working difficult.

His relationship suffered. He and his wife divorced. Carrier's retired now. His beard has streaks of gray. He's got blue eyes and he wears black Harley-Davidson branded clothes. He still goes to lots of doctors appointments, attends group therapy sessions, and now he is participating in a production of a play written by Kate Wenner called "Make Sure It's Me."

It's part theater and part dialogue with the audience about what it means to have a traumatic brain injury. Here, Carrier reads a monologue based on another veteran's true story.

"One afternoon our Internet was running slow. I didn't know what had happened. I lost it. Started kicking everything. Even our little mascot dog. I wanted to kill the little dog, if my guys hadn't made me stop."

Leslie Pasternack is director of this production of "Make Sure It's Me," which is going to be performed Friday at 1 p.m. at the Manchester VA. NHPR's Peter Biello interviewed her about the play.

(A partial transcript of this broadcast story follows here.)

"The scenes all focus on veterans talking about the experience of being near an IED explosion and how blast concussion, in particular, feels, how it is going to affect their life."

"There's also a scene in which they discuss their future plans in which they discuss why they join the military in the first place. And there are a couple scenes in which a veteran or a military family member is speaking with a doctor and one beautiful scene where two wives are talking together. So you don't have to bring a whole huge amount of acting experience to this - just your open heart. The readings by veterans themselves have been extraordinarily moving. And the talk-backs are the most important part. The reading serves as the beginning of a discussion with the audience and with the veterans who participate."

What do the veterans who participate, who are playing a role in this, get out of the experience?

"So the experience of having one rehearsal and then getting up and reading and being able to work on their reading skills and their public speaking in a low stress environment, where they know that we want them to succeed and in anything they do is marvelous -- that experience is very confidence building. Some of the veterans they are playing a character. They're reading Kate Wenner's words but in the talk-back I'll ask them, 'Did this ring true for you?' And it will sometimes be a catalyst for them to talk about their own stories. At the Vet Center, I've been fortunate enough to have folks in the audience come up to me and say, 'I saw your presentation last year. And so I went to the VA. I got diagnosed with TBI and now I'm getting better.' So this presentation really serves as an opportunity for veterans to begin exploring their own stories, to reframe their own symptoms or experiences, maybe in a different way, and to understand that life may be different after a traumatic brain injury, but that it doesn't have to stop or even be diminished."

How important is a general education about TBI for the general population?

"I think it's extremely important. One of the big lessons that I learned myself personally and I remind myself all the time is: you never know when you're moving through the world what's

going on with another person why they're having certain experience. And one of the things we're learning about sports and vehicular concussions as well as military aligned concussions is that you can have really, really small hits that affect you in ways that you don't recognize as being concussion.

They can accumulate and they can manifest in symptoms that look like something else. You can seem cranky, you can suddenly be driving faster, you can have difficulty concentrating. And what many people do, and mostly veterans do this a lot because they want to succeed. They want to do well. They start to blame themselves and feel less than they were because of these symptoms. And many folks upon discovering that they have a mild or a moderate TBI feel just a huge sense of relief -- that they understand it's not their fault. It's not a moral failing. And suddenly the caregivers or family members or friends around them have a light bulb go on as well. Oh this is why my son or my nephew or my student or my daughter has been so different in some way I can't understand in coming back. So it helps all of us move forward in terms of knowing how to treat and respond to TBIs. But also I think in just having more compassion and more patience with ourselves and with people around us."

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4.9 - Fierce Healthcare: [A top VA aide pushed Congress to back Secretary David Shulkin's ouster: report](#) (1 March, Paige Minemyer, 141k uvm; Washington, DC)

One of the top staffers for VA Secretary David Shulkin, M.D., asked Congress to help push him out, according to a report from USA Today.

Two sources told the newspaper that John Ulyot, the Department of Veterans Affairs' assistant secretary for public affairs, asked a senior aide to the House Committee on Veterans Affairs to convince legislators to contact the White House and call for Shulkin's ouster.

Shulkin has been under scrutiny for several weeks after a report from the VA's Office of Inspector General revealed taxpayer funds were used to pay for a trip he and his wife took to Europe that included tourist activities and tickets to Wimbledon.

The trip was planned for Shulkin to meet with Danish healthcare officials and attend a summit in London. The OIG has called for Shulkin to repay the costs of his wife's travel—about \$4,300—and the price of the tennis tickets, which he has agreed to do.

Ulyot contacted the aide on Feb. 15, the day after the OIG released its report and the same day Shulkin was grilled at a congressional hearing, USA Today reported. The call, according to the newspaper, was initiated by Press Secretary Curt Cashour.

On the call, Cashour criticized Shulkin for his allegation that the travel expenses were approved because someone hacked into Chief of Staff Viveca Wright Simpson's email account—a claim he has since retracted, saying she was impersonated, but hacking did not occur. Simpson has since retired.

Ulyot was then put on the line, where he asked the aide for help in removing Shulkin, according to the article. He expressed confidence that President Donald Trump would fire Shulkin the following Tuesday, Feb. 20, but said having legislators push for his removal would ensure the president would do so.

Both men have denied that they tried to have Shulkin fired, according to the article. "That simply never happened, and the allegation is ridiculous," they said in a statement to the newspaper.

Shulkin has said that staffers within the VA are trying to undermine his authority, and he has indicated that he was given full support from the White House to purge people within the agency who may be trying to push him out. He said the turmoil within the VA is a classic power struggle because some in the agency don't support his bipartisan plans to improve the agency.

Shulkin also has the full backing of major veterans' groups such as the Veterans of Foreign Wars, the American Legion and AMVETS. Those groups met with White House Chief of Staff John Kelly earlier this week, where they discussed policies for veterans and the internal strife at the VA.

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4.10 - Pentagonam: [Morale-boosting veterans-turned-pin-ups visit D.C.](#) (1 March, Jim Dresbach, 45k uvm; Easton, MD)

The nonprofit organization is known as Pin-Ups for Vets. Do not be deceived by the connotation of the word pin-up: the women involved in Pin-ups for Vets are United States military veterans, who wardrobe themselves in 1940s fashions and hairstyles and are as clean and crisp as a Glenn Miller ballad.

The group, led by Pin-ups for Vets founder Gina Elise, time travels to the 1940s with skirts to the knees and wavy, liberty roll hairstyles. The organization produces an annual calendar featuring the vets as pin-up models. Miss June could be a Marine or Miss October may have served on a Navy aircraft carrier.

But wipe away all the mascara, eye liner, and lipstick and kick off the high heels, and the ladies are passionately committed to the welfare of veterans, their families, and the military.

The models, also known as ambassadors, travel the country to visit veterans hospitals and nursing homes. Elise and the pin-up ambassadors visited retired service members Feb. 22 at Washington, D.C.'s, Veterans Affairs Medical Center. The hectic Thursday ended with an evening meet-and-greet event near Marine Corps Base Quantico, Virginia.

"We were able to meet with so many veterans (at the hospital)," Elise said. "We had nine female veteran ambassadors with us. They delivered calendars, and we got a lot of great feedback from the veterans and (the patients) thanked us for visiting. For us, it is such an honor to visit with them and to show our appreciation."

Pin-ups for Vets delivered about 112 calendars to the VA hospital, according to Elise. While walking through the wards, the ladies autographed calendars, posed for photos, and talked with hospitalized veterans.

"This is my first hospital visit in three years," said ambassador Jovane Marie, who is a Marine veteran photojournalist. "There are one or two moments every time you go to the hospital that just brings you to tears. We met a 90-year-old female veteran today who was nonverbal, and she had some memory loss, but when she met us, she just beamed and started smiling."

The hospital visit was part of a four-day tour of the nation's capital area. For Marine Megan Martine, who is a model in the 2018 calendar, it was her first visit to the D.C. veteran's medical center.

"The support we've received has been amazing," California's Martine said. "Everybody has been very receptive and very positive."

Los Angeles' Jennifer Marshall was one of the smiling ambassadors. Before becoming an actress and a television commercial spokesperson, Marshall was a Sailor and part of a ship's security defense team. She has been a pin-up in the organization for five years.

"When we go into hospitals and nursing homes, those meet and greets are the most impactful because we're visiting veterans who may or may not had a visitor for days, or weeks, or months," Marshall said. "When we get to visit and talk to those vets one on one and connect to them, they know we are there just for them. Many vets are brought back to the time when they were young."

Besides raising morale, Pin-ups for Vets is missioned with raising donations, which in turn, are used to purchase hospital equipment.

"The proceeds from those calendars go to support our various veteran and troop initiatives," Elise said. "One of those initiatives is donating therapy equipment to VA hospitals nationwide. We just donated 14 pieces to the Houston VA hospital."

Pin-ups for Vets is in the middle of a 50-state tour to visit VA hospitals and nursing homes.

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4.11 - WCBE (NPR-90.5, Audio): [Exhibit Featuring Artwork By Veterans Reveals Art's Healing Power](#) (1 March, Mike Foley, 35k uvm; Columbus, OH)

An exhibit at the downtown Columbus library features artwork created by veterans.

Mike Foley reports.

Doodle to Fine Art includes projects created by veterans from a series of classes taught by Columbus artist Nicole Monahan. It also launched a Columbus VA research study examining the benefits of an art-making workshop for veterans. Organizers began with a simple question - can art make a difference in the health and wellbeing of veterans? For those with projects in the exhibit, the answer is a resounding yes.

"It's kind of like taking a vacation, mentally. You're really focusing on what's in front of you, and it's helping to relieve the stress," said Johnathan Walker, currently in the Air National Guard. "You can actually sit down and do something that takes your mind off some of those negative things, and you can create something positive."

Patrick Paquin served in the U.S. Navy, Navy Reserve, and Air Force Reserve. For Paquin, art takes him back to his childhood.

“It was a safe place. Now as I’ve gotten older, it’s a relaxation,” Paquin said. “It’s something that calms me. I can concentrate on it. It’s mine. It’s not someone telling me what to do. It gives me a lot of control, but still it’s a challenge.”

U.S. Army veteran Shawn Augustson served in Iraq from 2004-2006. He spent a lot of time in the hospital with PTSD. Art helped Augustson communicate with his doctors, his family, and eventually everyday people.

“There’s something about art that’s kind of powerful,” Augustson said. “I started teaching myself how to paint, and that grew into photography. The photography really got me out of the house. Now, I go all over downtown Columbus and the Short North and do a lot of street photography. It allows me to share my story with people.”

Doodle to Fine Art also includes artwork from members of the Veterans Arts Council. President and Vietnam-era veteran Gloria Weimerskirch encourages people to spend a few extra seconds at each piece, because she says the art will reveal what it’s like to serve in the United States. The Columbus VA study in the fall of 2017 found that art-making workshops significantly improved social connectedness, self-esteem, stress, quality of life, and depression symptoms. Additional projects this year include wood working, stone carving, dance workshops, and a veteran choir. Doodle to Fine Art will be on display at the Columbus main library branch on South Grant Avenue through March 25.

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4.12 - News-Sentinel: [Komets Kare Package helping VA start food pantry](#) (1 March, Blake Sebring, 26k uvm; Fort Wayne, IN)

The Northern Indiana Veterans Administration Health System has opened a new food pantry stocked primarily with donations from Komets Kare Package. The pantry, located at 2121 Lake Ave. in the VA Hospital, is open to serve veterans.

“Right now, it’s being shared with our staff, and if a veteran comes in and has a special circumstance or a need we are able to provide them a box of items,” said VA Voluntary Services Manager Erica Jones. “Our goal is they can come in once a month and get items as needed.”

Fans donated approximately \$4,000 worth of items during the 10th annual Komets Kare Package event over games Nov. 3 and 4.

“We have had a great response from Komet Kare Package and a couple of others who have seen pictures or heard about it and made donations,” Jones said.

Sponsored by News-Sentinel.com, the Komets, WANE and Federal Express, the program started in 2007 as a way to donate items for Indiana men and women serving in the armed services through Hoosiers Helping Heroes. When the founder of that organization passed away, Komets Kare Package switched to the VA as the primary charity two years ago. The Northern Indiana system serves more than 45,000 veterans throughout the region.

Because of regulations, the VA is prohibited from asking for donations but is allowed to provide information when asked what they need.

Food pantries are a national priority for the VA, especially to help homeless veterans. Local organizers started the new location in January by having emergency food boxes available. The next phase would be to make food boxes available to all needy veterans and their families followed by a full-fledged pantry possibly by mid-summer. There's no way to tell how many people could be served under the new system.

More volunteers are needed and interested people can contact Jones at 260-426-5431 Ext. 73114 or by email at Erica.Jones@va.gov. The pantry also provides opportunities for veterans doing work therapy. This could also be a great service project for schools, as shown by a recent visit to help stock shelves.

"We're still trying to spread the word. We definitely would like more donations so we can open as a full pantry," said Nutrition and Food Service Assistant Chief Tiane Bianski. "It's going to continue to make a difference."

Donations can also be delivered by contacting Jones. Requested items include pastas, boxed macaroni and cheese, tuna-, chicken- or Hamburger Helper, boxed rice and potato varieties, soup, peanut butter, spaghetti sauce, beans, canned pasta, canned meats, snack items, canned fruits and vegetables, snack bars, cereal/oatmeal, pudding or gelatin, coffee, toothbrushes and toothpaste, soap and deodorant.

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4.13 - ConnectingVets: [Is Shulkin fighting for his job? ...or is he keeping VA from privatization?](#) (1 March, Jonathan Kaupanger, 24k uvm; New York, NY)

VA staff was relieved when David Shulkin's name was floated to take the top spot at Veterans Affairs. Sources inside VA tell Connecting Vets there was concern about other names floated before his. Everyone assumed Shulkin – who was already serving as undersecretary for health – would know what he was getting into.

But did he? Shulkin says he has the backing of the White House, but does he?

Who really is in charge at the VA?

One person considered for VA's top job was former Rep. Jeff Miller (R-FL). Miller was an early Trump supporter. He was also the Chairman of the House Committee on Veterans Affairs from 2011 until last year. During his time as chair, the VA suffered the Phoenix wait-time scandal and failed to pass the Choice Act. Miller, with no military service record, blocked VA reform at every chance.

Miller also has deep ties to Concerned Veterans of America (CVA). Sen. John Tester (D-Mont.), ranking member of the Senate Committee on Veterans Affairs, described CVA as "a political advocacy group funded by the Koch Brothers who want to dump unlimited amounts of dark money to push dangerous policies that would privatize the VA or convert the Veterans Health Administration into an independent government chartered nonprofit corporation."

Miller didn't get the job, but he did give VA their press secretary, Curt Cashour.

Cashour was brought over to VA from the House Committee on Veterans Affairs once Miller retired from Congress. John Ulyot, VA's Assistant Secretary for Public and Intergovernmental Affairs, hired him on last summer.

Then things got weird.

In January, Shulkin decided to change the VA's motto, a quote from Abraham Lincoln, to be more gender inclusive. He had the agency's Center for Women Veterans director send out letters to veterans groups informing them of this change. The letter states that VA would gradually make changes to digital and print materials.

Yet Cashour told The Washington Post that VA would continue to use Lincoln's quote unchanged. He said, "VA is proud of Lincoln's words as a historic tribute to all veterans, including women veterans whose service and sacrifice inspires us all."

A few days later, Shulkin's strategic plan for VA was sent out with the new, gender-neutral motto on it.

Again, Cashour told The Washington Post this wasn't VA's position and soon a new document with the original quote had replaced Shulkin's plan. According to people briefed on the incident, Shulkin was stunned by Cashour's actions.

When Shulkin's recent European travel problems came to a head, Cashour did not support his superior. When Shulkin posted a personal statement on VA.gov, Cashour removed it. All questions were referred directly to the White House.

The day after the IG report on Shulkin's London trip was released, the secretary faced lawmakers during a congressional hearing about VA's budget. Among Shulkin's defense was that his chief of staff's email had possibly been hacked and emails were edited.

Wednesday, USA Today reported that both Cashour and Ulyot lobbied to have Shulkin fired shortly after the committee meeting.

Cashour and Ulyot had called a senior aide at the House Committee on Veterans Affairs. According to the report, they asked lawmakers to call the White House to demand Shulkin's firing. Both Cashour and Ulyot deny this. They said that the call was to inform the aide that they found no evidence of email hacking. Instead of backing their boss, they stated the opposite.

Two more Shulkin subordinates who are causing trouble for the secretary are Jake Leinenkugel and Darin Selnick.

Leinenkugel's office is next to Shulkin, but his title is senior White House adviser. Things seemed to be ok at first between the two men. Then in May, Shulkin accused Leinenkugel of undermining him.

Shulkin wanted to nominate Dr. Poonam Alaigh, who was then acting undersecretary for health, to the position permanently. Shulkin says Leinenkugel asked the White House to kill the promotion. By October, Alaigh resigned and the position has yet to be filled.

Selnick was senior advisor to the secretary when he joined VA, but after things soured between him and Shulkin last year, he moved across the street to the White House and joined the White House's Domestic Policy Council.

At the White House, Selnick – who used to work for the pro-privatization group CVA - would call veteran related meetings without informing Shulkin. It was at one of these “Veterans Policy Coordinating Committee” meetings in November merging the Choice program with the military's Tricare insurance originated. According to ProPublica, Shulkin said that moving Selnick out of the VA was his “biggest mistake” because Selnick was able to do more damage from the White House.

It's not just senior staff that Shulkin is battling. Senator Jerry Moran – the Kansas republican who represents the Koch brother's home state and has received campaign donations from the brothers - blamed Shulkin for the political stalemate when it came to modernizing the VA. In a Senate oversight hearing in January, Moran said, “Our inability to reach an agreement is in significant part related to your (Shulkin's) ability to speak out of both sides of your mouth: double talk.”

There are two bills in Congress that are meant to fix the VA's Choice Program. One is supported by 26 groups who represent millions of vets. The other is Moran's version of the bill which has the support of Selnick, Leinenkugel and CVA. In the Moran/CVA bill, VA medical centers would need to meet certain standards to qualify as a preferred treatment center.

If medical centers can't reach the standards, then veterans could get a community healthcare provider. This is a big change since December when the Senate's VA committee voted for a bill that gave the secretary discretion to relax limitations to community care programs.

The New York Times reported last week that Leinenkugel is pushing to have Shulkin removed and replaced with former VA undersecretary Michael J. Kussman. Kussman is reported to have close ties with CVA.

According to the Times, the fight for VA's leader all boils down to a gradual dismantling of VA's system and turning it into taxpayer-subsided care from private doctors. Lawmakers from both political sides believe that this would be too expensive, with estimates being anywhere from \$50 to \$100 billion annually.

“I'm the secretary,” Shulkin said this week. “I'm setting the direction with moving forward. I'm going to continue to do the progress we've talked about and I have very little tolerance for people who aren't willing to focus on moving forward.”

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4.14 - The Chronicle: [Parkers Ferry Native Appointed to National Committee on Women Veterans](#) (1 March, 19k uvm; Charleston, SC)

Keronica Richardson, an Army Veteran and native of Parkers Ferry having attended Baptist Hill High School, was recently appointed to serve one term on the U.S. Department of Veterans Affairs (VA) Advisory Committee on Women Veterans, a diverse panel of experts whose task is to inform the VA Secretary about issues and programs that impact women veterans, as well as recommend policy and legislative changes.

Keronica Richardson is the Assistant Director of Women and Minority Veterans Outreach at the American Legion where she serves as the primary point of contact for the Women and Minority Veterans Program. Keronica works with the Department of Veterans Affairs as well as with Legion leadership to coordinate resources in the local community, and recommend initiatives to assist women veterans.

Prior to working at the American Legion, Keronica was selected to be a HillVets Fellow in the Office of Senator Joe Donnelly. She served as the policy advisor for the veterans and defense portfolio, staffed Senator Donnelly at briefings, wrote internal memorandums to familiarize congressional staff on issues raised by constituents and responded to constituents requests.

Keronica interned with Piemonte Law Firm conducting legal research associated with Veteran's Affairs and Social Security issues. Keronica prepared Veteran's Affairs and Social security cases for court proceedings and drafted non-legal memorandas and correspondences for attorneys. She also served as a judicial extern under the direct supervision of the Honorable Judge Ty Hands, assisting and preparing documents for daily court use. She attended numerous District Court hearings, trials, and several training events for Judges and young attorneys on Domestic Violence and Family Law. Keronica also interned with the Army Judge Advocate General Corp (JAG) at Fort Jackson, SC. She prepared motions, conducted legal research and authored briefs and memorandas that supported pending cases. Keronica gathered and prepared all administrative details for multiple high-level government cases.

Keronica also served as an active duty Captain in the United States Army Quartermaster Corps. She served as the operations planner and supervisor for a combat organization in Fort Lee, VA supporting over 3,000 personnel. Keronica coordinated and managed the deployment plans, orders and reports for 10 different units; ensuring each deadline plan met its specific requirements. Keronica developed detailed trackers for training and unit operations, which allowed the units to project out its schedule and resource requirements into the next calendar year. She has published several articles on army.mil.

Keronica deployed to Iraq, Afghanistan and Kuwait as a Mortuary Affairs Platoon Leader. She supervised and processed more than 500-combined U.S. and Coalition Force deceased personnel, which is recognized as one of the most important jobs in the entire Army. Keronica was appointed as the convoy commander and traveled to Iraq, Afghanistan and Kuwait providing efficient and safe movement of personnel and equipment for over 1, 167 miles.

Keronica has a law degree from Charlotte School of Law and as a law student she was selected to study in London, UK at Oxford University as a criminology student. Keronica has a bachelor's degree in Public Relations from Claflin University.

The entire Parkers Ferry Community joins with Keronica's family in proudly congratulating Keronica on this new appointment and wish her well on her new journey.

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4.15 - The Economist: [What is going on at the VA? A window onto the Trump administration's special brand of chaos](#) (1 March, 600k uvd; New York, NY)

DAVID SHULKIN, the secretary of veterans' affairs, did a dim-witted thing when he took a leisurely trip to Europe in July 2017 at taxpayers' expense. The government paid his wife's travel costs while the pair toured Westminster Abbey, cruised down the Thames, improperly accepted tickets to Wimbledon and went shopping in Denmark. For this, Mr Shulkin has been appropriately excoriated by his department's inspector-general in a report that was released on February 14th.

In most administrations, such daft behaviour would be a sacking offence. In the Trump administration, where five cabinet members have faced investigations over travel expenses, it seems rather pedestrian. Only one, Tom Price, the health secretary, has had to resign. Yet in Mr Shulkin's case, the flap has pushed another scandal to the fore. Some top Veterans' Affairs (VA) officials, installed by the White House, appear to have divided loyalties and are, in Mr Shulkin's view, scheming to subvert him. Many of them have ties to Concerned Veterans for America (CVA), an outfit bankrolled by the conservative Koch brothers, who want more ex-servicemen to receive health care through private markets.

For many Americans, the phrase "veterans' health care" conjures images of scandal and ineptitude. Much of this is because of a crisis in 2014, when it was discovered that hospital officials had falsified records to avoid reporting delays in appointments. Heads rolled when it appeared that 40 ex-servicemen had died while waiting for appointments. Less coverage was given to later investigations, which have been largely unable to blame the deaths on the extended waiting times.

Most Americans would be shocked to learn that the VA health system actually seems to provide higher-quality care than its competitors. A review by the RAND Corporation showed that the VA outperformed non-VA care on 45 of 47 outpatient quality measures. More than 80% of new primary care patients are able to get an appointment within two weeks. Annual surveys show satisfaction levels with treatment close to 80%. In-patient care was more mixed, however, and performance tends to vary greatly between hospitals. Clearly the system needs fixing, but fundamentally broken it does not appear to be.

Few of the prominent organisations that help veterans think the VA health system requires a radical restructuring. For this reason, they do not much like the CVA, which spends a fair amount of money highlighting the health system's inadequacies. The motives of the Koch brothers, the CVA's backers, are more likely to be ideological than financial. The industrialists, whose business interests are concentrated in energy rather than health care, have a long-standing antipathy towards socialised medicine, of which the VA health system is the prime example in America. Like Britain's National Health Service, the government programme is a single purchaser which owns its own facilities and employs its own doctors.

In the aftermath of the scandal in 2014, Congress passed a law to pay for more veterans to purchase care outside the VA system. The VA has long paid for such services, usually for those who live far away from specialists or who are unable to obtain an appointment fast enough. But the cost of purchased care has surged 500% from 2002 to 2014, and a lack of data makes quality assessment impossible. Unsurprisingly, a review in 2016 shows significant cost mark-ups. The cost of diabetes treatment nearly tripled, the cost of prostate-cancer treatment almost doubled.

The CVA, which is careful to avoid the word privatisation, would like to push the VA further in this direction regardless. "That's fantastically expensive, it's probably bad medicine, and it would lead to all kinds of fragmentation in care," says Phillip Longman, policy director at the Open

Markets Institute, who has written a book on the VA health system. “It also leads, in effect, to the privatisation of the system, because you won’t have the volumes to stand up hospitals.”

Within the department, paranoia has taken hold. Mr Shulkin told reporters that he had been given him the authority to purge “subversive” staff. A leaked memo obtained by ProPublica, a non-profit, and written by Jake Leinenkugel, a former beer executive and senior adviser on veterans’ affairs installed by the White House, plotted firing senior officials like the deputy secretary, the secretary’s chief of staff and, eventually, the secretary himself. Communications staff disregard orders from the boss. One lobbied to have him fired.

The press secretary removed one of Mr Shulkin’s statements from the VA website, and appeared to overrule him on the rewording of an agency motto. Another senior adviser, Darin Selnick, who previously served as head of policy for CVA, was installed as senior adviser to the secretary, where he quickly began unilaterally crafting policy that pushed for more privatisation of the agency’s health services. In his former life, Mr Selnick drafted a plan to dismantle the government-run veterans’ hospitals and turn over care entirely to private markets. Since being ejected from the VA, reportedly at Mr Shulkin’s insistence, he has taken up residence on the White House Domestic Policy Council, where his freewheeling policymaking continues.

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5. Improve Timeliness of Service

5.1 - Forbes: [The VA Will Eliminate Hepatitis C In Veterans By Year-End](#) (1 March, John LaMattina, 30M uvm; Jersey City, NJ)

Only a few years ago, stories appeared in the media about how tens of thousands of U.S. veterans were infected with hepatitis C and that the government couldn’t afford to treat them. Typical was a CBS News report headlined “VA can’t afford drug for veterans suffering from hepatitis C”. The drug in question was Gilead’s Sovaldi, a once-a-day pill that remarkably can cure hepatitis C over a 12 week regimen. The concerns being raised by the press was that Sovaldi cost \$1,000/pill – a cost that could cripple the VA’s budget if all of our veterans were to be treated.

The issue was especially timely. These veterans, many of whom contracted the disease during their service in the Vietnam War as a result of battlefield injuries requiring blood transfusions, were now suffering from the consequences of this largely silent menace. They were now experiencing liver disease, cirrhosis and liver cancer. Without Sovaldi, the sicker of these patients were facing certain death.

Fast forward to last Friday. At the 24th Annual Wharton Health Care Business Conference, Dr. David J. Shulkin, the Secretary of the U.S. Department of Veterans Affairs, announced that the VA was on track to eliminate hepatitis C infections in the next 12 months for those who are willing and able to be treated. In October 2014, the VA had over 146,000 veterans afflicted with hepatitis C. By next October, this number will be only 20,000.

How did this happen? Here’s the VA’s response as contained in their 2018 Budget in Brief:

In 2014, VA began a ground-breaking system of care for Veterans with the Hepatitis C Virus (HCV). The Food and Drug Administration approved two new, highly-effective drugs – Sofosbuvir (Sovaldi) and Simeprevir (Olysio) – that work to change the lives of Veterans infected with Hepatitis C. Prior to the introduction of the new high-cost treatments therapies in the VA system in January 2014, treatments for Hepatitis C were often ineffective and presented considerable side-effects. By contrast, the new treatment options are considerably more effective than earlier options, and are much easier to administer. Cure of HCV significantly decreases the risk of progression of the disease to cirrhosis, liver failure, liver cancer, and death. VA wants to ensure that all Veterans eligible for these new drugs, based on their clinician's recommendation, receive the medication.

But what about the high-cost of these drugs? While the retail price of Sovaldi was \$84,000 at launch, the VA is allowed by law to negotiate drug prices. In addition, other hepatitis C cures have been brought to market over the intervening years such as AbbVie's Viekira Pak and Merck's Zepatier, thus putting purchasers in a good negotiating position. Here's how the VA described drug costs in their 2018 Budget in Brief:

VA successfully worked with the manufacturers of these drugs to receive a reduced price for their use to treat Veterans. VA estimates the drugs will cost \$748.8 million and provide 31,200 treatments in 2017 and costs increasing to \$751.2 million for 28,000 treatments in 2018.

If you quickly do the math, 59,200 U.S. veterans will be cured of hepatitis C for roughly \$25,300/soldier. That's remarkable and a far cry from the concerns being raised less than four years ago.

This is a great story. Thanks to the VA's commitment as well as the innovation on the part the manufacturers, a major health issue for our veterans will be eliminated. Hopefully, the press will be motivated to cover this story as diligently as they did in 2014.

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5.2 - New York Daily News: [The other military parade we need: A March for Honor, for less-than-fully-honorable discharges](#) (1 March Rob Cuthbert, 26M uvm; New York, NY)

Saturday night, President Trump publicly staked out Veterans Day as a possible date for his military parade. According to Trump, the parade would run "up and down Pennsylvania Ave.," include a lot of "flyovers," and be "great for the spirit of the country."

For a long time, I have hoped that thousands of veterans would march in Washington, D.C. However, none of these veterans currently serve in our military. I'm thinking of the hundreds of thousands of veterans who received less-than-fully-honorable discharges, including the more than 300,000 who have served since 2001 and the more than 560,000 that received them during Vietnam.

Only a fraction of these discharges were actually "dishonorable," which is the equivalent of a federal felony conviction. As young adults serving in uniform, most of these veterans committed misdemeanors or less, and they now carry a potentially lifelong sentence that deprives them of VA reintegration benefits and a full measure of honor.

For more than three years, I worked closely with tens of veterans — most of them New Yorkers — who were turning to the Department of Defense and Department of Homeland Security Boards of Review for discharge upgrades or record corrections. Most of the veterans with whom I worked were placed with trained attorneys who helped them navigate the upgrade and correction process. Hundreds more were turned away because of lack of capacity.

Relatively few veterans apply to these boards and, without help, even fewer get an upgrade. I saw the process up close, and, over time, I realized that many of these veterans were being deprived of due process by a broken military record correction system and uninterested political officials.

So, I hope that, in the shadow of Trump's parade, thousands of these veterans hold what I would call a March for Honor. Under Trump's "flyovers," I hope these veterans convene on the National Mall to celebrate the best parts of their service and to advocate for immediate reforms to the DOD and DHS's antiquated and derelict discharge upgrade system.

The Boards of Review have the legal authority to upgrade a discharge or to correct a record, but, since the late 1970s and early 1980s, these boards have fallen into a state of dysfunction, which ill-serves even the most deserving applicant.

For many reasons, the boards validly deny thousands of upgrades, but they also provide catastrophically incomplete and insufficient resources and instructions for veterans who seek to apply. Advocates have previously identified some of these deficiencies including a dilapidated and incomplete online reading room of past decisions that shields the boards' work from the scrutiny of the public and lawmakers.

Furthermore, advocates also have noted that, before some boards, veterans lack a right to an in-person or video hearing, which can hurt their chances at an upgrade.

Furthermore, before some boards, veterans lack an unabridged right to an in-person or video hearing and the unhindered ability to present the oral testimony of expert witnesses, which hurts their chances at an upgrade.

As a result of these grave flaws and others, deserving veterans do not get upgrades. And veterans don't submit the kind of robust applications that could be reviewed favorably by a federal judge who could overturn an improper military decision.

In America, remedial access to rights is often accompanied by legal action and nonviolent, political demonstrations. Recent, highly targeted class action litigation by a handful of veteran plaintiffs who were willing to go public with their less-than-fully-honorable discharges has largely benefited the fraction of upgrade cases that involve posttraumatic stress, traumatic brain injury, or military sexual trauma.

But it is still rare to find robust advocacy for the uninjured teenagers who made common, youthful mistakes — for example, those vets who got kicked out of the military and stripped of benefits for a single instance of off-duty marijuana use that was unrelated to trauma.

Veterans with less-than-fully-honorable discharges are isolated, silent and rarely championed, and a 2015 study published in JAMA Psychiatry posited that they "had an increased hazard of suicide." But, Congress can't seem to focus their attention on this injustice, and no commander in chief since President Jimmy Carter will confront it outright.

Consequently, these veterans die by the thousands in ignominy that, in many cases, they should have been absolved of long ago.

If Trump's march would be "great for the spirit of the country," then a concurrent March for Honor could be great for the political fortune of veterans who deserve a fair, functional path to justice.

Cuthbert, an Army veteran who served in Afghanistan and Iraq, formerly managed the military discharge upgrade clinic at the Veteran Advocacy Project of the Urban Justice Center.

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5.3 - Becker's Hospital Review: [Feds investigate Miami VA for giving veterans inaccurate HIV results](#) (1 March, Megan Knowles, 441k uvm; Glencoe, IL)

The Miami Veterans Affairs Medical Center gave at least eight military veterans who were tested for HIV at the facility different results than tests from an outside lab, according to the U.S. Office of Special Counsel.

The discrepancy in the results was only revealed after one of the Miami facility's employees, Roman Miguel, a lab director, complained to outside agencies that managers chose to ignore his concerns, according to an independent federal investigator.

Following a four-day visit to the Miami VAMC in October 2016, the Department of Veterans Affairs said it was unable to verify the complaints after investigating the employee's claims, according to the Miami Herald.

On Feb. 28, the U.S. Office of Special Counsel said the VA's findings "do not appear reasonable" and expressed "incredulity" that the Miami VA facility only complied with the new HIV testing policy after the employee complained to outside agencies.

In a Feb. 28 letter to President Trump, Special Counsel Henry J. Kerner said VA investigators could not verify the claims because they loosely interpreted the deadline for the Miami VAMC to comply with the new policy for HIV testing. The nationwide VA policy, Directive 1113, required VA facilities to implement fourth-generation HIV testing within one year of its publication.

"I am incredulous that compliance with Directive 1113 and implementation of fourth generation HIV testing occurred only after Mr. Miguel's disclosures and OSC's intercession," Mr. Kerner wrote in the letter. "Although the HIV testing issues affected a small percentage of those tested at the Miami VAMC and OSC has not been made aware of similar problems at other VA facilities, I strongly encourage the VA to take immediate action to ensure that every facility throughout the VA-network is in compliance with Directive 1113."

It is not clear how many HIV tests from the Miami VAMC were sent to an outside lab.

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5.4 - New Hampshire Public Radio (Audio): [Dr. Funk, VA Whistleblower, Says Task Force Producing Detailed Review of Care](#) (1 March, Peter Biello, 151k uvm; Concord, NH)

The task force looking at the future of health care for New Hampshire's veterans has drafted some suggestions for improvements at the Manchester VA, and those suggestions do not include the construction of a new full-service VA hospital.

This task force was put together last year after whistleblowers came forward with allegations of mismanagement at the VA. Dr. Erik Funk was the sole whistleblower to be named to the task force. He joins NHPR's Peter Biello to talk about these preliminary findings.

What were you hoping for at the beginning of the task force's work and how has that changed?

You know, being a clinician, I did feel that having a full service or at least an inpatient facility here in Manchester would be something that many of the clinicians here as well as the veterans would prefer. I think that the the overall sense that the committee has understood is that veterans wish to be treated locally. And the obvious solution was to formulate, to develop an inpatient facility here. Unfortunately the practicality of that has been a reality that I've gradually come to accept is that because of cost -- which is quite extensive, because of the acquisition of funding and the process needs to go through with respect to development and design, it would really take many years and perhaps five or ten years before an inpatient facility would become a reality. So we began to look at other options.

You're not going to be finding that there is a need for a full-service medical facility in Manchester. You are suggesting that some things be expanded, and some construction happen at the Manchester VA. What are you suggesting might be improved construction wise?

You know the findings or proposals have been to, you know, improve the physical plan of primary care, to potentially expand the CLC ,which is the inpatient geriatric unit here. And I think that both the veterans in New Hampshire as well as potentially, because this was a need from Vermont as well. And the other exciting aspect is, we were exploring -- this is in Connecticut -- but it's a center called the Errera Center. It's a contact point for veterans that need certain services, whether it be psychiatric services, whether it be opiate issues, whether it be homelessness. But it would be a multifactorial, multidisciplinary center located somewhere in Manchester and this is, again on the findings portion, I think would be something that would be very veteran-centric and help them coordinate their care. And I think that's one of the, I wouldn't say the main focus, but I think that's something that we're very strong about.

In this draft report, there was some mention of culture at the Manchester VA. And a suggestion that there should be a mechanism by which employees are not just encouraged to speak up but to do so and be rewarded for speaking up - all of that in the service of making things better for the veterans who get care there. What can you say about how the culture has changed since July, since the allegations first came forward?

Well I think the culture was unfortunately an issue, certainly not in all areas, but in certain areas I think that it was something that needed to be addressed. With the advent of with Al Montoya coming on board full time as a director, I think that he has been very forthcoming, very receptive and proactive with respect to not just trying but making, you know, embracing the employees here at the V.A. to improve the culture here and there's a committee of interested individuals who will participate in that and I think this is a significant improvement. And that's an improvement. I think this will make an impact on our culture here.

With the understanding that no decision-making process is 100 percent perfect, what can you say about the fairness of the deliberations of the task force?

So, I think the task force, in terms of its attention to detail with regard to veterans, the surveys that have been put out both face to face and also online surveys, with respect to exploring the various service needs, peaking with physicians and primary care here, I think it's been quite detailed in terms of its review. I'm very proud of the work that's been done. It's quite detailed.

(Dr. Erik Funk is one of the dozen whistleblowers who raised concerns about the Manchester VA last year. And he's the sole member of that group to serve on a task force looking at the future of health care for New Hampshire's veterans.)

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5.5 - Task & Purpose (Video): [‘Don’t Ask, Don’t Tell’ Is Gone, But Its Effects Still Haunt LGBT Veterans](#) (28 February, Stephanie Russell-Kraft, 102k uvm; New York, NY)

Lindsay Church comes from a military family, and as a teenager, she planned to join the Navy right after high school. Her plans changed, however, in the face of Don't Ask, Don't Tell — the Department of Defense policy born on Feb. 28, 1994, that barred gay, lesbian or bisexual servicemembers from serving openly the military.

It was 2003, and Church, who identifies as lesbian and gender-nonconforming, was just then coming out of the closet.

"I knew I wasn't going to be able to come out of the closet and at the same time get back in it," she said. So she tabled her plans. Five years later, she said, she still felt the need to serve: "There was part of me that felt unfulfilled."

Enlisting meant keeping quiet about her sexual orientation, something Church didn't take lightly. "I was doing drag," she said. "That's how much I was involved in the LGBT community. I loved that part of my identity."

A few weeks into basic training at the Naval Training Center in Great Lakes, Illinois, Church fell ill and had to miss a few classes. A fellow recruit helped her go over some coursework one evening in the bay. She sat on Church's bed while they went through her notes.

The next day, Church and two others ("the only three queer women in our division") were called into the office for discipline. "This fleet master chief tells me, if I came to boot camp to find someone to get in the racks with, I came to the wrong place," she told Task & Purpose. "I almost got an Article 15 for that."

"I realized how quickly I was going to be discriminated against," she said. Over the course of four years in the Navy as a linguist, Church said she'd encountered both harassment and support. But even that support was dampened by the military's official policy.

When she was an E3, Church said, an E6 mentor pulled her aside with some advice to make her time in the Navy easier. "His two pieces of advice were, one, you need to grow your hair out,

and... to find a gay man to be my boyfriend, so in case I got in trouble I could say I had a boyfriend and that person could say he had a girlfriend."

Church said she went out to party on the night Don't Ask Don't Tell was repealed in 2011. But when she left the Navy the following year, she didn't return to the LGBT community. "I didn't reintegrate," she said. "I didn't know how to."

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It's been just over six years since the military ended its Don't Ask, Don't Tell policy, allowing gay, lesbian and bisexual service members to serve without needing to hide their sexual orientation for the first time. For some new recruits, the policy is already a relic, but for veterans who served before it ended, the discrimination they endured still feels fresh. Some of them were discharged because of the policy, while others merely suffered in silence until it ended. Many have shunned the label "veteran" altogether.

"They're self-identifying as veterans at a lower rate, they're accessing services at a lower rate."

"Most LGBTQ vets that I've worked with identify much more closely with the LGBTQ community than with the veteran community," said Nathaniel Boehme, the LGBTQ veterans coordinator at the Oregon Department of Veteran Affairs. "I run into vets who tell me, 'That's a part of my life I never want to talk about again.'" Mandated by a bill that passed the Oregon Senate in 2015, Boehme's position as a full-time LGBTQ veteran's coordinator is the only one of its kind in the United States.

A big part of Boehme's job is conducting community outreach, bridging divides between LGBTQ-serving organizations and veterans organizations. "When you're talking to people who fit what the archetype of a veteran is — white, cisgender, male, straight — they don't see how the spaces they create tend to exclude and ostracize others," he said. In order to include those individuals who have distanced themselves from the military, Boehme said he prefers to ask "Have you served in the military?" instead of "Are you a veteran?"

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"When I identify as a veteran in a queer space, I'm very acutely aware that I might be reminding people of something that was really crappy for them or of something they were denied," said Christine Black, a former Army mechanic who served from 2005 to 2013. When she graduated from law school in 2015, Black was honored as an outstanding veteran and an outstanding LGBTQ graduate. But she didn't want both to be announced at the same time, she said.

"I had friends in both the veterans center and the queer identity center, and they were maybe 40 feet apart, but you would never see me walk from one to the other. If I had business in both of them, I went at separate times or I came back another day," she said.

Timothy Jones is one of those veterans who avoided identifying as a veteran after leaving the service. He served in the Navy from 1998 until he was discharged in 2000 under Don't Ask Don't Tell. He said his final year was marked by isolation and harassment, after he was raped by a fellow servicemember. "I went from being a hard-charging sailor to one that was drinking every weekend to forget what happened," Jones said. "The hazing rose to a level where I had to be removed from my room to another barracks."

For 10 years after leaving the Navy, Jones struggled with addiction and homelessness. It wasn't until speaking with a VA counselor after landing in jail that "slowly but surely, the light kind of returned."

Jones said the repeal of DADT in 2011 was bittersweet. He felt proud of the servicemembers who no longer had to hide their sexual orientation, but also felt the loss of his own opportunity. "Everyone gets supported and decorated when they've done their full service or gone to war, and that wasn't me," he said. "I didn't feel I had earned the right to be a veteran."

It wasn't until years later, after he organized a 200-mile walk to raise awareness for homeless veterans, that he began to reclaim the word. "I encountered homeless veterans, and I realized I am a veteran, and these are my brothers."

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The Williams Institutes, a UCLA law school think tank focused on gender identity, estimates that more than 14,000 military service members were discharged because of their sexual orientation under Don't Ask Don't Tell. Changes in military policy have since allowed those servicemembers to retroactively upgrade their separation paperwork, known as a DD214, but that still requires gay, lesbian, or bisexual veterans to come forward for a fix.

"They're self-identifying as veterans at a lower rate, they're accessing services at a lower rate," said Ely Ross, director of the Washington Mayor's Office of Veterans Affairs. Last year, Ross began conducting targeted outreach to LGBTQ veterans in the District of Columbia after he noticed this gap.

As part of its effort to build ties with the local LGBTQ community, the Mayor's Office of Veterans Affairs has partnered with OutServe-SDLN, an association for actively serving LGBTQ military personnel and veterans. President and CEO Matt Thorn estimates OutServe-SDLN provided \$700,000 worth of legal services in 2017 and helps an average of 300 veterans a year with their paperwork changes. (You don't need a lawyer for a DD214 upgrade, but having one makes it easier.)

Thorn said one of his priorities is to educate others about homelessness and mental health issues, which disproportionately affect LGBT individuals: "It's important to us that everyone addressing those concerns in the whole veteran population are also understanding the unique aspects of the LGBT community in doing so."

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Among other things, Don't Ask Don't Tell bred distrust of military health providers by gay and lesbian servicemembers, who risked getting discharged for disclosing their sexual orientation even in a healthcare setting. That lack of trust continued after the policy ended. In a 2013 survey, only 70% of gay service members said they felt comfortable disclosing their sexual orientation to military health providers, even though they knew the information could no longer be used to discharge them. The VA created an LGBT health program in 2012, but some advocates believe LGBT veterans still have particular needs that aren't being met.

"We don't know who each other are because we all got out of the military and said, 'Fuck this noise,'" she said, "so we walked away."

Ross said one of his biggest challenges is rebuilding trust between the military community and LGBTQ veterans. “The direct feedback from veterans we’ve engaged with has been, ‘I didn’t come to this office until somebody else vouched for you,’” said Ross.

“Part of the problem is that this isn’t a constituency group or group of veterans that is officially tracked by the office of veterans affairs,” said Ross. Representatives of the DOD and VA confirmed that data about sexual orientation and gender identity is not collected on federal surveys. The most recent estimates — that 1 to 4% of military service members identify as gay or lesbian — were made in 2000.

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There are an estimated 15,500 transgender service members, who continued to be discriminated against by the military after Don’t Ask Don’t Tell ended. They have only been able to serve openly since 2016, and their ability to do so has been threatened since President Trump attempted to reverse that policy last summer. (Several suits against the administration’s proposed transgender ban, including one brought by OutServe, are currently being litigated. “We as a movement are dealing with a hostile administration, and so many aspects of our work are entangled with the work they’re doing against our community,” said Thorn.)

“We’ve had the doom of Damocles hanging over us,” said Alice Ashton, a Navy linguist who came out as transgender as soon as the ban was lifted. “Anytime, you could be fired, you could lose your pension. Financially, I talked to my landlord: ‘Worst case scenario, if I lose my job, how much notice do I have to give?’”

Ashton said she wasn’t directly impacted by Don’t Ask Don’t Tell, but she saw several friends and coworkers discharged under the policy, and it might have delayed her coming out. “It had effects on me feeling safe exploring that side of myself,” she said.

After the repeal of Don’t Ask Don’t Tell, transgender servicemembers continued to face some of the same barriers that gay, lesbian and bisexual troops did before. “Like, my wife trying to access mental health care, if she wanted to talk about me being trans, she’d get the response of, ‘If you say that, I’m going to have to tell Bryan’s commander,’ because she was accessing military health care,” said Bryan “Bree” Fram, a lieutenant colonel in the Air Force who is currently stationed at the Pentagon.

“You have to hide who you are, you have to put a filter in your brain that goes through your thoughts and actions and words,” said Fram, who came out to colleagues the day the ban on transgender servicemembers was lifted.

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Over the past several years, Lindsay Church has wholly claimed her identity as an LGBTQ veteran. In 2017, she resigned as commander of her local American Legion post because she didn’t feel the group welcomed her and others like her. “There have been many days where I have felt demoralized and dejected by my fellow Legionnaires, with varying colors of hats, based on comments and treatment that were aimed at the identities that I hold that make me different: young, female, lesbian, gender non-conforming,” she wrote in her letter of resignation. “These identities in the Legion represent something that is foreign, something that is other, and something that is lesser.”

“When I walked away I was met with a lot of folks who said, ‘I felt the same exact way. I don’t feel like I have a place,’” said Church, who now works as the assistant director of student veteran life at the University of Washington.

So she and another veteran founded Minority Veterans of America, a nonprofit dedicated to supporting veterans with underrepresented identities: “LGBTQ, womxn, people of color, and religious minorities.”

Finding new members has been somewhat difficult, because the people Church is looking for aren’t already in veteran spaces. “We don’t know who each other are because we all got out of the military and said, ‘Fuck this noise,’” she said, “so we walked away.”

But slowly, “people started coming out of the woodwork,” she said. As of its most recent count, the group has about 166 members, about 40% of whom identify as LGBTQ. Church said many of them, like her, are relieved to find fellow veterans who can relate to the pain they experienced while serving under Don’t Ask Don’t Tell.

“These folks are ready to talk about it and ready to feel included, but they don’t feel like they have a place where they can be included,” said Church. “What I hear so much is, ‘I just want to feel like I belong.’”

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5.6 - WVTF (NPR-89.1, Audio): [Virginia VA Medical Center at the Front of National Study on Oral Care](#) (1 March, Jeff Bossert, 54k uvm; Roanoke, VA)

Something most of us take for granted could become a national standard for when we need to be hospitalized.

A nursing researcher at a veterans’ hospital in Virginia helped start a national study – that could one day become hospital policy. It suggests using a toothbrush could become an easy way to reduce the risk of serious illness.

Listen Listening...4:26 Jeff Bossert reports.

After months of radiation treatment for prostate cancer, John Hopkins says he feels okay given all he’s been through.

“(I’ve had) Hepatitis C, I had an ulcer, I’ve got prostate cancer, and a little bit of emphysema,” said the 75-year old Army veteran, who did two tours in Vietnam, and later overcame PTSD and drug addiction.

He admits oral care was never high on the priority list.

“I’m missing so many teeth – I’ve got two at the top, and five down at the bottom.”

But now, his daily regimen at the VA Medical Center in Salem, Virginia also includes regularly brushing his teeth. Hopkins and others at the VA may not realize they’re compiling statistics that could save the lives of others by preventing the most common hospital-acquired infection.

Shannon Munro is a nurse researcher there.

“Health care systems across the nation have focused on ventilator-associated pneumonia for many years – and they know that oral care works,” she said. “But they have been leaving out this entire other population of patients.”

This study targets those not on a ventilator who contract the illness. Nurses working under Munro started having their patients brush twice daily for just over a year – and the rate of those cases fell 92-percent, saving lives as well as more than \$2-million in required treatment.

“Just simply brushing patients’ teeth – reduces the number of bacteria in their mouths, so they are not swallowing this into their lungs while they sleep,” Munro said.

Her work started six years ago, when nursing professor and researcher Dian Baker shared her study in northern California’s 24-hospital Sutter Hospital system.

She says the records revealed patients, both young and old, were contracting pneumonia within a couple days of being admitted.

“Because we went back to the fundamentals of how you prevent pneumonia, and pneumonia comes from germs in the mouth,” said Baker, who says having a patient use a toothbrush is just the start.

The work of Munro and Baker, whose work was recently profiled in the Wall Street Journal, want to include other logical steps, like early mobility of a patient, and keeping them warm during surgery.

But with no alerts from groups like the Centers for Disease Control, Baker says there’s nothing requiring hospitals elsewhere to pay attention.

“Trying to raise awareness so that hospitals will launch their own investigations so that the CDC and the National Institutes of Health will issue grant funding to hospitals, so that we can get some of those clinical control trials that will help us all learn more about pneumonia prevention,” she said.

“The systematic review says we need more data,” said physician David Baker, with the Chicago-area based Joint Commission, which helps dictate hospital policy.

No relation to Dian Baker, he heads the Commission’s Health Care Quality Evaluation Division. He says no one’s opposed to such a study, but says the sample size now is just too small.

“And I think for us, for the Joint Commission to really be able to do anything, and say we’re going to establish national requirements – we just need some more hospitals to be able to reproduce their findings,” he said. “And I know that there are multiple ones that are working on this now.”

The Veterans Health Administration has started a campaign of online public service announcements – with hopes of boosting this sample size.

Speaking from personal experience, the Salem VA’s Shannon Munro says she understands changing hospital policy won’t be easy. She herself had surgery a few months back – and asked beforehand if she could brush her teeth.

"The nurse said 'yes- go ahead,' she said. "And I said 'well, I'm kind of tethered to the bed here, I've got an IV, and oxygen, and I can't get out of bed' - could you hand me the materials?," she said. "I had to talk them through what exactly I needed them do to help me, I was just blown away. So I've been on both sides of it, and I can see how easily this could be missed."

Munro's research has led to new practices at other VA hospitals in Virginia, North Carolina, and Houston.

And in about a month, Baker, study co-author Barbara Quinn, and Munro will give a webinar on oral care for about 1,500 hospitals for the American Hospital Association. Their work has also been shared with hospitals in Canada, Australia, Brazil, Spain, and New Zealand.

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5.7 - KPIC (CBS-4): [DeFazio: Investigation confirmed 'problems' at Roseburg VA Healthcare System](#) (1 March, 52k uvm; Roseburg, OR)

ROSEBURG, Ore. - An investigation by the U.S. Department of Veterans Affairs found "problems with employee management and intimidation, medical care, and inadequate resources" at the Roseburg VA Healthcare System, Rep. Peter DeFazio said Thursday.

"I'm pleased to see that the VA has substantiated the numerous claims employees, patients, and former staff have raised with my office," the Democrat from Springfield, Oregon, said. "The recommendations laid out in the summary are only the beginning, though—I will continue to work with stakeholders on the local, regional and national levels to ensure these recommendations are implemented and Oregon's veterans and veterans nationwide get the care they deserve."

The Department of Veterans Affairs's Office of the Medical Inspector released a summary of findings "into allegations of mismanagement and substandard patient care within the Roseburg VA Healthcare System," according to DeFazio, who advocated for the investigation.

"Due to their findings, the VA issued 28 recommendations to local, regional and national level offices that have or will ultimately lead to significant improvements within VARHS as well as VA Medical Centers around the country," DeFazio's office said in a press release.

According to DeFazio, the recommendations made to the VA in Roseburg include:

- Refining and standardizing radiology procedures, leading to reduced patient wait times and faster diagnostic time;
- Improving communication between medical facilities within the area and ensuring adequate medical coverage for low-coverage departments;
- Removal of several staff members from supervisory responsibilities—in some cases, which has already occurred;
- Auditing of several medical cases with unfavorable patient outcomes; and
- Training of staff members on CREW, a VA-led culture change initiative.

"VARHS has suffered from years of mismanagement," DeFazio said, "and it is long past due that the VA implements lasting, meaningful change."

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Everyday Health: [Organizations Ask for Brain Donations From Veteran Women to Study Concussions, PINK Concussions and the VA's National Center for PTSD say that brain donations can help close knowledge gaps on TBIs in women in and outside of the military.](#) (1 March, Mia Garchitorena, 10.8M uvm; New York, NY)

After receiving a serious brain injury from a skydiving training accident in 2006, Harmony Allen, 38, suffered from memory loss, right-sided blindness, imbalance issues, and post-traumatic stress disorder. She was officially diagnosed with a traumatic brain injury (TBI) in 2010. Allen was medically discharged from the Air Force in 2011 and continues to suffer from TBI symptoms today. Because of this, she's determined to help advance TBI research on women by using her brain, literally.

Allen was the first female veteran who pledged to donate her brain for research in traumatic brain injury as part of the #PINKBrainPledge, a recently announced collaboration between the U.S. Department of Veterans Affairs (VA) National Center for PTSD and PINK Concussions, the first nonprofit organization dedicated to improving education and medical care for women with brain injury.

"It's an honor for me to serve my country even if I can't be in active duty anymore," Allen says. "It's a way to help women who have been turned away like I was."

Since the announcement of the collaboration on January 24, 2018, 175 women have pledged to donate their brains to the VA's National PTSD Brain Bank.

"It's incredibly empowering for the veteran herself to join with other veterans and civilian women to be a part of this movement and change the percentages of how many females are involved in the research," says Katherine Snedaker, a licensed clinical social worker and founder and executive director of PINK Concussions.

Why There Are So Few Brain Donations From Women

According to the Centers for Disease Control and Prevention (CDC), TBIs are caused by "a bump, blow, or jolt to the head that disrupts the normal function of the brain." In 2013, there were approximately 2.8 million TBI-related emergency room visits, hospitalizations, and deaths in the United States.

Most of what people know about TBIs and their side effects comes from studies of male veterans, football players, ice hockey players, and other athletes from predominantly male

sports. But less is known about how TBIs affect women, even though they report more symptoms than men and may take longer to recover than their male counterparts, according to a researchers at UCLA Health Sciences.

“There’s not a lot of research on how sex affects brain injury,” says Chris Nowinski, PhD, cofounder and CEO of the nonprofit organization Concussion Legacy Foundation (CLF) and the Boston University Chronic Traumatic Encephalopathy (CTE) Center in Massachusetts.

Why It’s Important for Women to Donate Their Brains

The world’s largest tissue repository, the VA-BU-CLF Brain Bank has a research team made up of the VA Boston Healthcare System, the BU CTE Center, and the CLF, and houses 500 brains, including over 270 with the degenerative brain disease CTE. Out of the 500 brains donated to the VA-BU-CLF Brain Bank in the last decade, only eight have been from females.

“Brain donation is the fastest way that we’ll understand how these impacts affect female brains,” Dr. Nowinski says. “It also provides the evidence we need to make the appropriate changes to sports so the next generation is protected.”

In order to encourage more women to donate their brains for research, Nowinsky says that the CLF is recruiting female athletes to pledge their brains publicly.

On February 6, 2018, three female Olympians publicly pledged to donate their brains to the CLF.

The Women Veterans Report published by the VA in February 2017 notes that there are about two million women in the military. There are few published studies on TBI in military women, but in one article published in September 2012 in the Journal of Women's Health, the Armed Forces Health Surveillance Center found that out of almost 82,000 male and female veterans, 12 percent of the cases were women with a TBI diagnosis. Harmony Allen says that donating one’s brain can be a way to help researchers learn more about the prevalence of TBI in female veterans.

“I would ask them to please donate their brains because it’s a way to help people who fought for them,” she says. “Their brain isn’t going to just sit on a shelf. It’s truly going to help treat veterans.”

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7.2 - Military Times (Home HQ): [VA supplemental loan: Who's eligible, how it works ... and what it covers](#) (1 March, Kevin Lilley, 2.1M uvm; Springfield, VA)

Veterans looking to make improvements or repairs on a home with a VA-backed mortgage may be able to use another VA loan product to help.

Supplemental loans can be used for most anything that results in “improving the basic livability or utility of the property,” according to the VA Lenders Handbook. But there are eligibility restrictions, and veterans seeking to make certain types of improvements may be out of luck.

Some basics, courtesy of the handbook and other VA materials:

1. Add-ons only. Veterans must use the supplemental loan in conjunction with an existing VA loan on the property. They cannot use their VA eligibility to borrow for repairs being made on homes with paid-off loans, or on homes that weren't purchased with a VA-backed loan.
2. Limited luxuries. The loan must be used "primarily to the maintenance, replacement, improvement or acquisition of real property," per the handbook. It specifically prohibits building pools or barbecue pits with the cash.
3. Fixtures 101. No more than 30 percent of the loan can go toward "nonfixtures or quasi-fixtures," per the handbook. This means a renovated kitchen is on the table, but not if most of the money is earmarked for a brand-new fridge or oven. If the loan involves purchasing these types of items, they must be done in conjunction with the planned renovations — borrowers can't tack on a new microwave for the kitchen if they're redoing the basement, for example.
4. Time limits. The loan can last up to 30 years, which is longer than most non-VA-backed renovation loans that are often measured in months.
5. Good standing. Borrowers who are behind in the payments on their existing VA loan aren't eligible, per the handbook, "unless a primary purpose of the supplemental loan is to improve the ability of the borrower to maintain the loan obligation."

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7.3 - KPBS (PBS-15): [VA Needs More Women To Participate In Head Trauma Research](#) (1 March, Steve Walsh, 278k uvm; San Diego, CA)

Research into concussions often does not involve women, including women veterans.

In an effort to gather more data, the nonprofit Pink Concussions has started a collaboration with the Veterans Health Administration to promote the idea of women posthumously donating their brains for future studies.

In the last decade, the Veterans Health Administration has been talking to veterans about head injuries. The emphasis has often been on men, and so has much of the research, said Katherine Snedaker, executive director with Pink Concussions and a licensed social worker.

The research that has been done shows, as a group, women often react differently to head trauma, she said.

"They concuss at a higher rate," she said. "They have greater symptoms, more severe symptoms and on average a longer recovery. We don't know if that longer recovery is because we're not treating women correctly."

When men are used as the benchmark, women can end up feeling there is something wrong, even when they're recovering normally.

"When it's been two to three months and they really start blaming themselves. Like, I should be better by now," Snedaker said.

Nearly all the brains donated to the major brain banks are from men, often athletes and veterans. Pink Concussions is partnering with the VA to encourage women to donate their brains for research. The idea is to get more women to agree to donate their brains and participate in studies so researchers have a detailed history and symptoms that may be related to head trauma.

The VA runs its own study of brain trauma, though Pink Concussions isn't advocating for a particular brain bank. Snedaker said all of the major brain banks need more women to participate in research.

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7.4 - Anniston Star: [Phillip Tutor: Sleeping under an Anniston house](#) (1 March, Phillip Tutor, 189k uvm; Anniston, AL)

Each day, without fail, Lori Floyd's office door opened and he walked in, large and occasionally loud. Sometimes it rained. Other days the sun baked the ground. But he never missed a day, week after week, for months on end.

"And when I say every single day," Floyd says, "I mean every single day."

Their friendship, unlikely as it was, bloomed slowly. He didn't trust people. She knew little about him. He thought Anniston police hassled him. She didn't want to say the wrong thing. But he was homeless, and he didn't have a job, and he didn't want to talk about mental illness, so she didn't call it that. "If I ever said anything about mental illness, he's say, 'You just think I'm crazy,'" and he might leave.

Floyd was different. She offered help, a kind hand in a city that didn't seem to care. Other social-service agencies had tired of his idiosyncrasies and bad habits. But The Right Place on West 15th Street — the Floyd-directed nonprofit that offers housing assistance and other services to homeless and low-income families — didn't tell him no.

Each day, he'd grab a bottle of water and a fruit cup.

He shaved off his whiskers in her office bathroom.

When he needed razors, she'd buy them.

When he needed socks, she'd buy them.

When he needed batteries for his Walkman, she'd buy them.

She advised him on his medications, stood beside him whenever he had a court date, scolded him when he yelled at the judge, and worried about him whenever he got arrested for trespassing, as homeless persons often are. He never asked for money. He had no identification, no driver's license, no Social Security card. He was born in Germany — he was an Army brat — and had no idea how to get a copy of his birth certificate. He hailed from this part of Alabama, family nearby but no longer in touch. But he was a veteran, that much he knew.

Floyd realized what that meant. This 60-year-old homeless man who walked with a cane and danced on the Quintard Avenue sidewalk while listening to his music could be eligible for military benefits and Veterans Affairs health care. It could mean the difference between sleeping in the crawl space underneath a vacant Anniston house and actually living, despair replaced by hope.

With the help of the VA, Floyd got a copy of the man's DD 214 form, his certificate of discharge from active duty. That was his ticket, his future, a chance for health care and counseling and perhaps a safe place to live. Floyd set up appointments at the VA office in Oxford and arranged to drive him there in her car, friend helping friend, because Anniston's bus service doesn't stop at the VA office.

He got arrested.

She set up more appointments.

He got arrested.

She set up more appointments.

He got arrested.

She set even more appointments, these scheduled for late February.

He got arrested.

Three of his arrests came in a four-week period, sometimes for trespassing, other times for disorderly conduct. "He liked to dance," she says with a smile, but there wouldn't be a fifth time. Something had to give.

"This was not going to work," she says. "He was becoming more and more aggressive toward the police." She feared the worst, that he might get shot, that he'd never get the help he desperately need. So a VA official in Birmingham and Floyd arranged for the man to enter a VA homeless program in that city that provides medical services and a warm bed. Floyd made sure that he walked out of jail and into the van for the ride down Interstate 20.

Then her phone rang.

It was the homeless man, calling from Birmingham, who was worried about his clothes, some of which he'd stashed at Floyd's office, others that he'd left in the crawl space. She took his clothes home and washed them and then went to the vacant house to gather his other belongings.

"It's within walking distance of where we're sitting now," she says. "He told me where it was."

A wooden porch covers the front of the house with peeling paint and blue shutters. On the right, underneath a window, an overgrown bush hides the small opening he climbed into each night. There among the dust and leaves and mud was a man's life. A pillow. Blankets. Clothes. Containers of food. Bags of stuff collected on Anniston's streets.

Floyd expects to see him again. "I do. He wants me to come see him," she says.

If so, she may return the small Alcoholics Anonymous token that dropped out of his belongings.

Three months clean, it read.

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8. [Other](#)

8.1 - CNN: [Embattled Cabinet members attend White House opioid event](#) (1 March, Dan Merica, 29.7M uvm; Atlanta, GA)

Washington (CNN) Three embattled Cabinet secretaries -- Attorney General Jeff Sessions, Housing and Urban Development Secretary Ben Carson and Veterans Affairs Secretary David Shulkin -- all appeared at a White House summit on the opioid epidemic, carrying on with business as usual.

The event Thursday, focused on the deadly opioid epidemic and the Trump administration's attempts to combat the scourge, comes amid a swirl of negative stories about President Donald Trump's Cabinet secretaries and his long-simmering ire for Sessions.

Trump briefly spoke at the summit but did not comment about the chaos surrounding his Cabinet secretaries.

Instead, he said his administration will be rolling out opioid policy "over the next three weeks" and told attendees that he and Sessions had talked about bring lawsuits against "some of these opioid companies."

"I have also spoken to Jeff about bringing some lawsuits against some of these opioid companies," Trump said. "I mean, what they are doing, the distribution. You have people that go to the hospital with a broken arm and they are addicted, they are addicted to painkillers and they don't even know what happened."

Sessions was in the room for Trump's remarks, but the two did not appear to interact.

The President also lamented that the United States does not have stricter punishments for drug dealers.

"Some countries have a very, very tough penalty," Trump said. "The ultimate penalty. And by the way, they have much less of a drug problem than we do. So we're going to have to be very strong on penalties."

The administration has pledged to make fighting the opioid epidemic a focus during Trump's presidency, and Kellyanne Conway, Trump's senior counselor, has taken the lead inside the White House in coordinating the response to the epidemic. The recently passed budget deal secured \$6 billion in new funding to fight the crisis, but treatment advocate and drug policy experts are concerned that the uptick in funding won't be enough to stem a drug overdose epidemic that killed 63,600 lives in 2016.

Carson and Shulkin -- along with Health and Human Services Secretary Alex Azar -- headlined a panel hosted by Conway. The issues swirling around the two did not come up during the session.

"It is affecting ... the very fabric of our society," Carson said. "Together, we can really take this important issue to where it needs to be."

Sessions and Trump's deteriorating relationship was on full display Wednesday after Trump tweeted that his attorney general's decision to refer questions to the inspector general was "disgraceful." In a remarkably rare step, though, Sessions responded to the President in a statement, stating that the process he initiated was "appropriate" and will "ensure complaints against this department will be fully and fairly acted upon if necessary."

Sessions' decision to respond further enraged Trump, according to a source familiar with his reaction who described his demeanor as indignant.

At the same time, senior White House aides were furious on Wednesday about a series of negative stories about frivolous spending at the Department of Housing and Urban Development. Dismayed by the way HUD has handled the stories, White House aides have taken a more hands-on role in trying to stem the tide of negative news.

CNN reported on Tuesday that the former chief of administrative officer at HUD filed a complaint saying she was demoted after refusing to spend more than was legally allowed to redecorate Secretary Ben Carson's new office at the request of his wife, Candy. The former staffer, Helen Foster, said she was told to "find money" beyond the \$5,000 legal limit for redecorating and another report indicated that HUD also spent \$31,000 last year to replace a dining room set in Carson's office. Carson has now said he wants to cancel the order.

And a recently released Veterans Affairs inspector general report found "serious derelictions" by Shulkin and members of his staff during a July 2017 trip to Europe. The report included an allegation that the department paid more than \$4,000 for Shulkin's wife, Merle Bari, to travel to Europe with her husband.

The swirl of stories have caused yet another headache for a White House already dealing with conflict over key White House aides leaving the administration and internal skirmishes between chief of staff John Kelly and Jared Kushner, Trump's son-in-law, over security clearances.

Despite senior White House aides pledging to combat the opioid epidemic, some treatment advocates have not been impressed with the Trump administration's decisions, particularly on their decision to focus on the issue as a penal issue, not a medical one.

Others have also faulted the Trump administration for sidelining the Office of National Drug Control Policy, the administrative office tasked with coordinating the White House's response to the epidemic, and not listening to Trump's own opioid commission that he convened early in his administration.

Members of that commission were not invited to the Thursday summit, according to an aide to former Democratic Congressman Patrick Kennedy, who is a member. No explanation was given for not including them, the aide said.

Additionally, both the House and Senate are working in a large package of bills addressing the epidemic, but none of the lawmakers are on the list of summit attendees provided by the White House.

CNN's Rene Marsh contributed to this report

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8.2 - ABC News (Video): [At opioid summit, Trump suggests dealers should get the death penalty](#) (1 March, Alexander Mallin, 24.1M uvm; New York, NY)

President Donald Trump made a surprise stop by the White House's summit on opioids today, where he suggested dealers face "the ultimate penalty" for their roles in drug-related deaths.

The summit came more than four months after Trump declared the opioid crisis a public health emergency, though the decision faced criticism as it stopped short of a national emergency declaration that would have made an additional surge of federal funds available to address treatment and recovery efforts.

First lady Melania Trump delivered opening remarks at the summit, remarking on her travels in recent months with the president across the country, in which she visited hospitals and treatment centers, where she's been briefed by those directly impacted by the crisis.

Addressing the crowd of more than 200 participants from across the nation, the first lady read a letter sent to her from a mother who lost her son in an opioid-related death.

"Sadly she's not alone in her grief and we need to change that," Melania Trump said.

The White House has pointed to recent positive movement in trying to rally more resources to combat the epidemic, including the president's recent budget proposal that called for \$3 billion in new funding in 2018 and \$10 billion in new funding in 2019 for the Department of Health and Human Services (HHS) to combat the opioid crisis. The president also recently nominated Jim Carroll as a new drug czar to lead the Office of National Drug Control Policy (ONDCP), though lawmakers have recently criticized the White House for scaling back the ONDCP's role in coordinating the administration's response to the opioid crisis.

While prior to his arrival the discussion in the opioid summit largely focused around expanding access to treatment and interdiction efforts of drugs coming in from foreign countries, in his remarks President Trump went as far to suggest that convicted drug dealers should face the death penalty.

"They kill hundreds and hundreds of people, and most of them don't even go to jail. If you shoot one person, they give you life. They give you the death penalty," Trump said. "These people can kill 2,000, 3,000 people and nothing happens to them. And we need strength with respect to the pushers and to the drug dealers. And if we don't do that, you will never solve the problem."

Trump also downplayed the role of "blue ribbon committees," appearing to disparage his own appointed opioid commission that issued a round of recommendations intended to combat the crisis last year.

"If you want to be weak and talk about just blue ribbon committees, that is the not answer," Trump said "The answer is you have to have strength and toughness. The drug dealers and the pushers are -- they are doing damage. They are really doing damage. Some countries have a very, very tough penalty. The ultimate penalty."

Still looming over most of the summit was the recent turbulence and controversies across the administration.

Senior counselor to the president Kellyanne Conway moderated two panels with Cabinet secretaries, including several who have drawn fire in recent weeks for negative headlines related to the management of their agencies.

Veterans' Affairs Secretary David Shulkin participated in a panel on prevention, treatment and recovery with Secretary of Housing and Urban Development Ben Carson. Shulkin recently apologized to VA staff after the agency's Office of the Inspector General alleged Shulkin improperly accepted a gift of Wimbledon tickets during a work trip to London. Carson, meanwhile, has also sought to beat back criticism after it was revealed earlier this week his agency spent more than \$31,000 on a new table and chairs for the dining room adjacent to Carson's office. Carson has since asked HUD to cancel the order.

Attorney General Jeff Sessions also spoke on a panel amid heightened tensions with the president following a tweet from Trump Wednesday that described Sessions' actions as "disgraceful."

In a remarkable move, Sessions released a statement Wednesday appearing to push back against the president.

"As long as I am the attorney general, I will continue to discharge my duties with integrity and honor," Sessions said. "And this department will continue to do its work in a fair and impartial manner according to the law and Constitution."

Trump did not directly interact with Sessions while the two were in the room together, though he did briefly reference him in his remarks.

"I've spoken with Jeff about bringing a lawsuit against some of these opioid companies," Trump said.

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8.3 - Daily Caller: [Trump Department Of Veterans Affairs Must Act On DOG ABUSE](#) (2 March, Roger Stone, 12M uvm; Washington, DC)

Life comes at you fast.

Last month, I wrote a Daily Caller column urging President Donald Trump to step in and eliminate horrific and useless experimentation on puppies at the Department of Veterans Affairs (VA).

Following my op-ed and mounting criticism from the veterans' community, conservative media, GOP pundits, faith leaders including Pat Robertson, Congress, and determined taxpayer

advocacy group White Coat Waste Project, the Daily Caller was the first to get VA Secretary David Shulkin on-the-record saying, “I am not a strong believer in the need for canine research.”

This was a breakthrough given Shulkin’s unequivocal support for the VA’s dog testing just a few months ago. Some veterans’ advocates speculate that Shulkin was originally led astray on this issue by rogue staffers seeking to undermine him, and that he’s now trying to right the ship.

Fair enough. But, so far, Shulkin’s actions don’t match his words. In his Daily Caller interview, he proposed drastic restrictions on any future dog testing and indicates that he’s implemented a new policy requiring his personal approval for any VA dog testing going forward.

Sadly, like many things the VA says, even this modest reform isn’t real. The very weak policy circulated to media by the VA actually states that the agency’s top animal testing chief—who is the VA’s lead dog testing defender and has been caught by the Daily Caller lying to the media and taxpayers about the studies —will be the decider. There’s no mention of the Secretary in the entire policy. Shulkin’s claim that he now has the final say and that the VA’s new “policy” will protect against waste and abuse are simply #FakeNews.

This policy is just more VA bureaucracy to avoid real accountability and protect entrenched staff and programs, and it flies in the face of President Trump’s efforts to drain the VA swamp. Its no secret that VA’s toxic culture and bureaucracy has allowed inept and dangerous VA staff to remain on the payroll and butcher and maim veterans. Its even retained a “reckless” VA doctor who was banned from dog testing for continually botching surgeries and rewarded him with a \$340,000 salary, raises and bonuses.

As I mentioned in my last column about this, this is an incredibly easy scandal to resolve, especially now with Shulkin on board and other broad support for cutting wasteful VA dog testing. More than a dozen national veterans’ organizations, including AMVETS which has over 250,000 members, support the move. A majority of veterans support it. And new national polling commissioned by White Coat Waste Project shows that two-thirds of American voters—and a staggering 71 percent of GOP voters—want the VA to cut its sickening dog testing program that is not paying dividends for our nation’s veterans.

Even after all of the VA’s recent scandals, Shulkin says that the Trump White House has faith in him. For the moment, I’m willing to give him the benefit of the doubt, too.

Secretary Shulkin: Demonstrate the leadership skills that President Trump strongly believes you possess and take an ax to your agency’s widely-condemned canine abuse.

Roger Stone is a legendary Republican political consultant and a veteran of many national Republican presidential campaigns. He’s also the men’s fashion correspondent for The Daily Caller and editor of StoneColdTruth.com.

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8.4 - The Hill: [Melania Trump calls for action at opioid summit](#) (1 March, Peter Sullivan, 11.8M uvm; Washington, DC)

First lady Melania Trump called for action on the opioid crisis in a speech Thursday kicking off a White House summit on the epidemic.

The first lady added her voice to the discussion as the administration works to highlight steps it has taken to address the crisis.

"I am so proud of the work that this administration has already done to combat this epidemic," Trump said. "We all know there is still much work to be done, which is why we are all here today."

The first lady read from a letter written by a woman who lost her son to an opioid overdose. In her remarks, Trump called for a focus on babies and young mothers with addiction.

A range of other administration officials, including Health and Human Services Secretary Alex Azar, Attorney General Jeff Sessions and Veterans Affairs Secretary David Shulkin also spoke at the summit.

Azar highlighted his discussions at the National Governors Association's winter meeting last weekend, where he encouraged governors to apply for waivers that allow states to expand the opioid addiction treatments that Medicaid can be used to compensate.

"I'm hopeful that we'll see a faster clip," Azar said. "Those waivers are very easy to do."

Shulkin highlighted that opioid use in the VA system has declined 41 percent since 2012.

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Subject: [EXTERNAL] 22 February Veterans Affairs Media Summary and News Clips

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Veterans Affairs Media Summary and News Clips

22 February 2018

1. [Top Stories](#)

1.1 - Washington Post: [White House intends to meet with leading veterans groups amid drama at VA](#) (21 February, Emily Wax-Thibodeaux, 43.9M uvm; Washington, DC)

White House Chief of Staff John F. Kelly intends to meet with the nation's leading veterans advocates next week amid ongoing anxiety that there is a desire by some of President Trump's political appointees to oust Veterans Affairs Secretary David Shulkin, according to people familiar with the matter. The impending White House meeting follows a private gathering Tuesday of the top officials from 12 veterans service organizations (VSOs), including the American Legion, VFW and Disabled Veterans of America.

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1.2 - NPR (Audio): [Veterans Affairs Secretary Responds To Criticism For Travel Expenses](#) (21 February, Quil Lawrence, 21.9M uvm; Washington, DC)

Veterans Affairs Secretary David Shulkin is being criticized for charging his wife's travel to the government when she accompanied him to Europe. Shulkin says he complied with all ethics guidelines, but his chief of staff, also criticized for her role in arranging the trip, has announced her retirement.

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1.3 - Military.com: [Shulkin Claims Mandate from White House to Purge Plotters at VA](#) (21 February, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans affairs became the department of intrigue Wednesday as Secretary Dr. David Shulkin claimed a White House mandate to purge those plotting against him at the agency. In phone calls to several news outlets, Shulkin said he would be staying in the job despite the uproar over his travel expenses and now had administration approval to clean house of insiders at the VA who sought to take him down.

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1.4 - Military Times: [Trump nominates former Army captain as new top benefits official for VA](#) (22 February, Leo Shane III, 2.1M uvm; Springfield, VA)

After a nearly two-and-a-half-year wait, the Veterans Benefits Administration is poised to get a new permanent leader. President Donald Trump on Wednesday nominated Army veteran Paul Lawrence as the next under secretary of Veterans Affairs for benefits, a post that has been manned by a series of acting officials since Allison Hickey stepped down from the job in October 2015.

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1.5 - Military Times: [VA secretary's job appears safe, for now](#) (21 February, Leo Shane III, 2.1M uvm; Springfield, VA)

For now, the coup attempt at the Department of Veterans Affairs appears over. Veterans groups are receiving assurances from administration officials that VA Secretary David Shulkin's job is not in jeopardy following an explosive inspector general's report one week ago and a subsequent revolt from political appointees within his department.

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2. Greater Choice for Veterans

2.1 - The Journal Gazette: VA makes local addition priority - 'West Tower' 8th on '19 budget list (22 February, Brian Francisco, 797k uvm; Fort Wayne, IN)

A Fort Wayne building addition is among the highest-priority construction projects for the U.S. Department of Veterans Affairs. VA's proposed budget for fiscal year 2019 ranks the construction of a "West Tower" at the Fort Wayne VA Medical Center as No. 8 on its list of 431 strategic capital investments.

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3. Modernize Our System

3.1 - GovLoop: Former VA CIO Reflects On Tenure, Shares It Trends (20 February, Joe Antoshak, 137k uvm; Washington, DC)

As the former chief information officer at the VA — from July 2015 to January 2017 — LaVerne Council knows just how difficult that job is. The department's IT organization is one of the largest and most complex in the country, which makes strong leadership even more critical to mission success.

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3.2 - FedTech: Eye-Tracking Tech Delivers New Insights to TSA, NOAA and the VA - New forms of biometric tracking technology can help agencies better understand how users are directing their attention. (21 February, Carolyn Shapiro, 33k uvm; Vernon Hills, IL)

Researchers with the Department of Veterans Affairs found that eye tracking could identify brain injury by assessing patients' eye movements during a short film. Swelling in an injured brain can cause abnormal eye movement. "Eye tracking enables us to detect brain injury that was previously not detectable," says Dr. Uzma Samadani, head of traumatic brain injury research at Hennepin County Medical Center in Minnesota.

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4. Focus Resources More Efficiently

4.1 - Washington Post: The Daily 202: Jury still out on Trump's seriousness about banning bump stocks, improving background checks after Florida massacre (21 February, James Hohmann, 43.9M uvm; Washington, DC)

White House officials have told VA Secretary David Shulkin that his job is safe, indicating to him that Trump has decided to "stomach" the story about Shulkin's 10-day, taxpayer-funded trip to Europe. Emily Wax-Thibodeaux, Lisa Rein and Josh Dawsey report: "The president's decision was communicated to Shulkin by [John Kelly] ... Trump 'personally likes Shulkin,' the official said, cautioning, however, that 'if other stuff comes out, this could change, but for now, he's safe.'

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4.2 - Politico: [Shulkin wins internal struggle](#) (21 February, Darius Tahir, 23.9M uvm; Arlington, VA)

VA secretary David Shulkin has won his internal struggle with conservative critics of the department's policy direction, he tells our colleague Arthur Allen. Shulkin's tenure had become bedeviled by a travel imbroglio and conservative underlings who wanted to privatize veterans' benefits.

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4.3 - Salon: [VA Secretary David Shulkin has green light to purge dissident staffers: report - The investigation will be led by Shulkin's new chief of staff Peter O'Rourke, according to the report](#) (21 February, Nicole Karlis, 23.9M uvm; San Francisco, CA)

Veterans Affairs Secretary David Shulkin has reportedly received a stamp of approval from the White House to dismiss employees who may be associated with an "internal rebellion," Politico reports. The dirty work of firing dissenters — which the agency is calling a "subversion" investigation — will be helmed by Shulkin's new chief of staff Peter O'Rourke. Shulkin told Politico that O'Rourke is meeting with staffers "individually and as a group to determine...

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4.4 - Newsweek (Video): [Trump White House Gives VA Head Permission To Purge 'Subversive' Staff, Shulkin Says](#) (21 February, Greg Price, 9.4M uvm; New York, NY)

Embattled Veteran Affairs Secretary David Shulkin has said he was granted permission by the White House to purge his agency of any employees who have undermined him, all while the secretary deals with backlash from his recent travel scandal. Shulkin, the sole Cabinet-level holdover from the Obama administration, was investigating VA personnel for "subversion" of his authority...

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4.5 - Pittsburgh Tribune-Review: [Judge drops charges against Veterans Affairs nurse accused of spying on Pitt students](#) (21 February, Megan Guza, 1.5M uvm; Pittsburgh, PA)

Charges were dropped Wednesday against a former Veterans Pittsburgh Healthcare System nurse accused of using a spotting scope to spy on University of Pittsburgh students last year. Paul May, 56, of Lawrence County's Enon Valley, was charged in November with loitering and prowling, possessing instruments of crime and invasion of privacy after VA police spotted May in an SUV in the Oakland parking garage looking into dormitory windows with the scope.

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4.6 - The Gazette: [VA Chief of Staff steps down following inspector general investigation](#) (21 February, Tony Peck, 870k uvm; Colorado Springs, CO)

Department of Veteran Affairs Chief of Staff Vivieca Wright Simpson retired on Friday following the release of last weeks inspector general report, according to an agency statement. The report, issued Feb. 14, investigated an 11-day trip to Europe made by several Veteran Affairs officials last July. The trip included Secretary David Shulkin, his wife and Wright Simpson.

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4.7 - The Gazette: [Veterans' health care, national cemetery focus of Colorado Springs town hall](#) (21 February, Tony Peck, 870k uvm; Colorado Springs, CO)

The Department of Veterans Affairs' continuing struggles to eliminate wait times and meet demands for mental health care were discussed at a town hall in Colorado Springs Wednesday night. The town was hosted by Concerned Veterans for America and U.S. Rep. Doug Lamborn. Central to the discussion was Lamborn's "Veterans Empowerment Act," introduced to the U.S. House of Representatives in November.

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4.8 - WFED (AM-1500, Audio): [Justice Department sets up new Cyber-Digital Task Force](#) (21 February, Eric White, 831k uvm; Washington, DC)

Veterans Affairs Secretary David Shulkin said he has no intention of quitting. The big six veterans service organizations have now offered their support for Shulkin. The Disabled American Veterans, Paralyzed Veterans of America, Veterans of Foreign Wars, and Vietnam Veterans of America join AM-VETS and the American Legion in offering their support of the secretary.

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4.9 - Judicial Watch Blog: [VA Secretary's Chief of Staff Embroiled in Another Cover-Up Scandal](#) (21 February, 297k uvm; Washington, DC)

One of the high-ranking Veteran Administration (VA) officials who misled the agency's secretary about the prosecution of an elderly Army vet made false claims and altered an official record in a separate case. Her name is Vivieca Wright and she is the chief of staff to VA Secretary David J. Shulkin. Last week Judicial Watch obtained records showing that Wright and others in Shulkin's inner circle lied to him about a federal case...

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4.10 - Fierce Healthcare: [Veterans groups rally around VA Secretary David Shulkin in wake of ethics violation, internal turmoil within agency](#) (21 February, Ilene MacDonald, 141k uvm; Washington, DC)

Veterans groups say Veterans Affairs Secretary David Shulkin, M.D., has their full support, despite allegations that he and his staff misused taxpayers' money to pay for a European trip and amid reports that political appointees within the agency may be trying to push him out. Last week, Shulkin faced a tough VA Office of Inspector General report that slammed him for using taxpayer money to travel to Denmark and London...

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4.11 - Task & Purpose: [Here's Why Veterans Groups Are Circling The Wagons Around Embattled VA Secretary Shulkin](#) (21 February, James Clark, 102k uvm; New York, NY)

Leading veterans service organizations met Tuesday to mount a joint response in the face of a troubling inspector general report alleging "serious derelictions" in expensing on the part of the Veterans Affairs Secretary David Shulkin and his top staff during a Europe trip last July, multiple sources told Task & Purpose.

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4.12 - KFBB (ABC-5): [VA says staff numbers are normal, despite rumors.](#) (21 February, Bliss Zechman, 43k uvm; Black Eagle, MT)

We received a tip and multiple comments from our viewers that the VA Hospital in Helena was losing the majority of its staff. Despite losing a few doctors recently, administrators at the hospital say those rumors are not true. The VA is required to have about 37 full-time providers. They currently have 33. However, there are only two vacant positions without known replacements.

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4.13 - ConnectingVets: [VA Secretary to keep his job](#) (21 February, Caitlin M. Kenney, 24k uvm; New York, NY)

A Secretary David Shulkin reportedly will be keeping his job and the American Legion is confident in Shulkin's support for veterans. The American Legion's Executive Director Verna Jones told reporters Wednesday that she had been told by a credible source that it had been decided that Shulkin was going to stay.

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5. [Improve Timeliness of Service](#)

5.1 - KETV (ABC-7, Video): [Veterans reduce pain medication through massage](#) (21 February, Sarah Fili, 1.1M uvm; Omaha, NE)

Many veterans struggle with pain. Some from war-related injuries, others, from the wear and tear of combat training. Many are searching for answers outside the doctor's office and away from medication. A massage is supposed to be relaxing, but for Marine veterans like Jeremy Stone, it's a sensitive subject.

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5.2 - WGCL (CBS-46, Video): [Veteran still waiting to get approved for disability 24 years later](#) (21 February, Natalie Rubino, 587k uvm; Atlanta, GA)

Terria Clark joined the army right out of high school. She fought for three months in Desert Storm but her most scarring battle happened on American soil when a Sergeant called her into his office. "I wanted to be a career soldier," said Clark. "As I was going into the office, he was behind me and the door closed and the light went off and he had me on the desk."

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5.3 - KKTU (CBS-11, Video): [11 Call For Action Investigates: VA cancels surgery for legally blind veteran](#) (21 February, Katie Pelton, 313k uvm; Colorado Springs, CO)

A veteran, fighting to see again. Danny Webster talks with 11 Call for Action Reporter Katie Pelton. Danny Webster was supposed to get eye surgery to fix his eyesight. Without the surgery, he says he's legally blind.

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5.4 - The News-Review: [Concerns raised about former Roseburg VA surgery chief's colonoscopies at Michigan VA](#) (21 February, Carisa Cegavske, 160k uvm; Roseburg, OR)

Before former Chief of Surgery Dinesh Ranjan became a focal point for controversy at the Roseburg Veterans Affairs Medical Center, he worked at the Iron Mountain VA, in Michigan's

rural Upper Peninsula. Independent investigators recently raised concerns about colonoscopies performed by Ranjan and other doctors there, the Iron Mountain Daily News reported last week.

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5.5 - Wisconsin Public Radio: [New Study Looks Into Impact Of Fish Oil On Alzheimer's Risk Among Veterans - Veterans Have Higher Risk Of Developing The Disease](#) (20

February, Mary Kate McCoy, 151k uvm; Madison, WI)

A new study is looking into whether fish oil supplements can slow down – or prevent – the onset of Alzheimer's disease in older veterans. The study is focusing on veterans because those who are eligible for Veterans Affairs services have a higher risk for developing dementia, according to Dr. Cindy Carlsson, leader of the study and geriatrics provider at the William S. Middleton Memorial Veterans Hospital in Madison.

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5.6 - WSEE (CBS-12, Video): [Erie VA Medical Launching Whole Health Program](#) (21

February, Lisa Adams, 146k uvm; Erie, PA)

Marguerite Evanoff-Jurkovic, D.O, is the Whole Health Program Director. She said the program is meant to complement traditional medicine. "What we're trying to do is move our patients away from being a disease-based approach to medicine and trying to shift to patient-centered care, where we try to establish the patient's goals and how we can use those goals to help lead a patient to a more healthful lifestyle."

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5.7 - KECI (NBC-13): [VA addresses concerns over primary care shortage](#) (21 February, McKayla Haack, 27k uvm; Missoula, MT)

Some veterans are saying there isn't enough staff at the Missoula Veterans Affairs clinic, but officials say that's not the case. Terrance Walleser is a Vietnam veteran. He was a C-130 mechanic and OV-10 mechanic. Today he lives in Ravalli and goes to the Missoula VA clinic every six months for a checkup, but he says this time was different.

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5.8 - Inland Empire Community News: [Deported veterans continue to struggle on other side of border](#) (21 February, Anthony Victoria, 15k uvm; San Bernardino, CA)

A clean cut U.S. Marine stood alongside fellow veterans at the Deported Veterans Support House last December to welcome a recent delegation of state and federal legislators. Jose Luis Alvarez, with his perfect English and stoic physical presence, appears as American as any proud veteran. Except, he's not. He's a Mexican national whose world was turned upside down a month ago when he was given deportation orders.

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5.9 - Boulder City Review: [Legion commander touts programs that benefit veterans](#) (21

February, Chuck N. Baker, 7.3k uvm; Boulder, City, NV)

Denise Rohan, the first female national commander of the American Legion (coincidentally sworn in during the group's national convention in Sparks in 2017), toured Southern Nevada this month. During a visit to Post 40 in Henderson, she said too often individuals think it's "all bad news" when they hear the name "VA," short for the Department of Veterans Affairs.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WJXX (NBC-25, Video): [On Your Side: Military daughter says she drowning in debt due to G.I. Bill technicality - First Coast News first reported on this issue in November, sharing Bigbee's \\$50,000 college debt that came when the Army canceled her father's GI bill benefits.](#) (22 February, Julia Jenae, 321k uvm; Jacksonville, FL)

A military daughter from Jacksonville said she tried to follow an education checklist set by the government. Jordan Bigbee's father, Desmond Watson, said the army promised to pay for his daughter's college, but after 18 years of serving in the U.S. Army, he feels the VA is rescinding that promise.

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7.2 - The Daily News: [National cemetery in Pembroke closer to reality](#) (21 February, Brian Quinn, 192k uvm; Batavia, NY)

The Department of Veterans Affairs (VA) has the land it needs to build a national cemetery near Route 77 in Pembroke. Genesee County's Veterans Service Agency director and the seller of one of the parcels purchased for the project say they're looking forward to the project being completed. Sen. Charles Schumer announced Tuesday that the U.S. Department of Veterans Affairs (VA) has completed the final acquisitions of an additional 60-acre parcel...

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8. [Other](#)

8.1 - ABC News (AP): [Oversight committee wants to look at Pruitt's travel records](#) (22 February, Michael Biesecker, 24M uvm; Washington, DC)

A Republican-led congressional committee is demanding records related to premium-class flights taken by Environmental Protection Agency chief Scott Pruitt. House Oversight Chairman Trey Gowdy issued a letter to Pruitt this week seeking an accounting of all flights taken by the EPA administrator over the last year and whether the ticket was coach, business or first class.

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8.2 - WDBJ (CBS-7): [Danville Fire Department investigating a suspicious package sent to VA clinic](#) (21 February, Caslee Sims, 833k uvm; Roanoke, VA)

The Danville Fire Department recovered a suspicious package sent to the Danville Veterans Affairs Community Based Outpatient Clinic. According to the Danville Fire Department, a report came in at 3:09 pm. for a suspicious package sent to 705 Piney Forest Road. Firefighters and Hazmat crews along with Danville Police and Virginia State Police responded and evacuated all occupants of the facility.

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8.3 - Danville Register and Bee: [Employees treated after coming in contact with suspicious package; investigation continues](#) (21 February, Trevor Metcalfe, 79k uvm; Danville, VA)

Authorities are investigating after they report a suspicious package was delivered through the mail to the Department of Veterans Affairs Community Based Outpatient Clinic on Wednesday afternoon in Danville. Officials would not provide details on what was inside the package that caused the clinic to notify emergency personnel.

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[1. Top Stories](#)

1.1 - Washington Post: [White House intends to meet with leading veterans groups amid drama at VA](#) (21 February, Emily Wax-Thibodeaux, 43.9M uvm; Washington, DC)

White House Chief of Staff John F. Kelly intends to meet with the nation's leading veterans advocates next week amid ongoing anxiety that there is a desire by some of President Trump's political appointees to oust Veterans Affairs Secretary David Shulkin, according to people familiar with the matter.

The impending White House meeting follows a private gathering Tuesday of the top officials from 12 veterans service organizations (VSOs), including the American Legion, VFW and Disabled Veterans of America. These groups represent millions of former service members and their families, forming one of Trump's core constituencies.

"At one point ... cellphones started ringing and the directors of AMVETS, Legion, VFW and DAV politely excused themselves almost simultaneously to take the calls," said one person familiar with the gathering. "Each of these calls came from White House meeting schedulers to establish an appointment for VSOs to meet together" with Kelly.

Kelly, a retired Marine Corps general, has told Shulkin to stop the drama and infighting at VA. The White House did not respond to messages seeking details about his objectives for next week's meeting.

Kelly's offer to host the meeting comes as the troubled agency has weathered weeks of negative publicity.

Shulkin, the only Obama-era holdover in Trump's Cabinet, was accused along with a senior staff member of misleading the agency's ethics office about a taxpayer-funded trip to Europe last year. He maintains he did nothing improper by having his wife join him and accepting complimentary tickets to a professional tennis match in London. The staffer, Shulkin's former chief of staff, was replaced last week after announcing her retirement.

White House officials have told Shulkin his job is safe despite the allegations, which were outlined in a report released last week by VA's inspector general.

The veterans organizations met Tuesday with hopes of forming a united front and to brainstorm strategies for pushing back against the Trump appointees who seem, in their view, overly focused on outsourcing veterans health care. Of principal concern is what they've characterized as the outsize influence of a conservative group, Concerned Veterans of America, that advocates expanding options beyond VA.

CVA is backed by Charles and David Koch, billionaires with a deep interest in rolling back government bureaucracy. The group has been one of VA's most vocal critics since the agency's 2014 wait-time scandal was exposed. Its profile has grown during the Trump administration, with one of its former senior advisers, Darin Selnick, now serving as veteran affairs adviser inside the White House.

Dan Caldwell, CVA's director of policy, said it has not proposed the wholesale transfer of VA's services to the private sector. "What we support is giving veterans the choice to access care in the community if they feel the VA isn't the best option for them," he added.

Veterans service organizations say they support Shulkin because they see him as a stopgap, someone who can prevent sending more care outside the VA hospital system.

Lisa Rein contributed to this report.

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1.2 - NPR (Audio): [Veterans Affairs Secretary Responds To Criticism For Travel Expenses](#)
(21 February, Quil Lawrence, 21.9M uvm; Washington, DC)

Veterans Affairs Secretary David Shulkin is being criticized for charging his wife's travel to the government when she accompanied him to Europe. Shulkin says he complied with all ethics guidelines, but his chief of staff, also criticized for her role in arranging the trip, has announced her retirement.

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1.3 - Military.com: [Shulkin Claims Mandate from White House to Purge Plotters at VA](#) (21 February, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans affairs became the department of intrigue Wednesday as Secretary Dr. David Shulkin claimed a White House mandate to purge those plotting against him at the agency.

In phone calls to several news outlets, Shulkin said he would be staying in the job despite the uproar over his travel expenses and now had administration approval to clean house of insiders at the VA who sought to take him down.

Shulkin told Politico he was the victim of "subversion" from within, and issued a warning that "Those who crossed the line in the past are going to have to be accountable for those decisions."

He claimed he had been caught up in a "classic power struggle" against unnamed political appointees who were upset that he had proven to be "a secretary who'd been working effectively in a bipartisan way."

Shulkin's job appeared to be in jeopardy last week with the release of a damning travel expenses report from VA Inspector General Michael Missal charging that Shulkin improperly was reimbursed for the \$4,132 airfare of his wife on a trip to Denmark and London last July.

The IG's report also said that Shulkin wrongly received free tickets to the Wimbledon tennis tournament finals from a British veterans advocate.

Shulkin initially put out a defiant statement saying he had been falsely accused, but that statement was quickly taken down and replaced with one in which he accepted responsibility.

He said he has already written a check to pay back the Treasury.

Shulkin was summoned to the White House last week to meet with Chief of Staff John Kelly following the release of the IG's report, and he met with Kelly again Tuesday.

Following the second meeting, Shulkin told CNN that he would be staying on at the VA. "I'm the secretary and we're moving forward in the way that the President wants us to," he said.

Shulkin was vague on who might be behind the plot against him but said there "have been different people with agendas different than the one that I have and that has to stop."

He said that his new chief of staff, Peter O'Rourke, a former Trump campaign aide who was head of the new VA Office of Accountability and Whistleblower Protection, would have the main responsibility for weeding out the plotters.

Shulkin said O'Rourke had begun meeting with those suspected of disloyalty "individually and as a group to determine, now that there is a clear direction where we are going, where people are going to stand."

O'Rourke replaced Vivieca Wright Simpson as chief of staff to Shulkin. She announced her retirement last Friday in the wake of the IG's report.

Shulkin's apparent success in keeping the job came after several Veterans Service Organizations (VSOs) representing millions of vets backed his retention Tuesday.

The VSOs said they were disappointed by the findings of the IG's report but saw Shulkin, the only holdover from the Obama administration in the Trump Cabinet, as a hedge against over reliance on the Veterans Choice Program, which allows vets to opt for private or community care.

The VSOs have consistently warned that the Trump administration's push to expand Choice would eventually lead to the gutting of the VA's health care system, the nation's largest with 170 hospitals and more than 1,200 outpatient facilities serving nine million vets annually.

"While we were disappointed to learn of the recent issue with the Secretary's travel, we believe that the current controversy surrounding the Secretary is part of a larger effort to remove him and install others who would take steps to privatize the services provided to our nation's heroes," Denise Rohan, national commander of the two-million member American Legion, said in a statement.

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1.4 - Military Times: [Trump nominates former Army captain as new top benefits official for VA](#) (22 February, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — After a nearly two-and-a-half-year wait, the Veterans Benefits Administration is poised to get a new permanent leader.

President Donald Trump on Wednesday nominated Army veteran Paul Lawrence as the next under secretary of Veterans Affairs for benefits, a post that has been manned by a series of acting officials since Allison Hickey stepped down from the job in October 2015.

Lawrence is currently a vice president at Kaiser Associates, an international consulting firm, where he specializes in organizational efficiency. For the last three decades he has worked in a variety of accounting firms in roles focused on federal government practices and effectiveness.

He is also an Army Airborne School graduate who left the service at the rank of captain.

Lawrence's nomination was hinted at by VA Secretary David Shulkin last month during congressional testimony, when asked about high-profile positions vacant in his administration.

Shulkin said he expected the benefits nominee to be announced in coming weeks, but could not offer a timeline for when a nominee for the under secretary of Veterans Affairs for health — his old job — would be made public.

The nomination comes amid scandal and turmoil at VA, following the release of a critical inspector general's report alleging multiple improprieties related to a overseas trip last July. Since then, Shulkin has spoken out about internal strife within the department, indicating that high-level firings for insubordination could be coming soon.

How long Lawrence's confirmation process may take is unclear. Democrats in the Senate have slowed votes on nominees over unrelated political battles with Republicans, drawing criticism from the majority party and the White House.

But lawmakers from both sides have also noted the slow pace of nominations from Trump's administration as a major reason why many senior agency posts remain unfilled.

In 2016, Lawrence co-authored a report for Kaiser Associates titled "The Onboarding of New Political Appointees" in which the firm noted a lack of "organized, sustained efforts" to help new federal nominees better begin their new roles in government.

If confirmed, he'll take over that responsibility for an agency of nearly 30,000 employees charged with handling an array of veterans benefits, including disability payouts and education funds.

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1.5 - Military Times: [VA secretary's job appears safe, for now](#) (21 February, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — For now, the coup attempt at the Department of Veterans Affairs appears over.

Veterans groups are receiving assurances from administration officials that VA Secretary David Shulkin's job is not in jeopardy following an explosive inspector general's report one week ago and a subsequent revolt from political appointees within his department.

White House officials have not offered formal comment on the matter beyond White House spokeswoman Sarah Sanders saying on Tuesday that she has no indication that President Donald Trump has lost faith in Shulkin.

In an interview with USA Today after that press conference, Shulkin said he has received assurances that he would remain in his Cabinet post. "I'm the secretary, I'm in charge of carrying out the president's agenda, and that's exactly what we're going to do," he said.

American Legion Executive Director Verna Jones said her organization has been told that Shulkin's job is safe, and her organization is moving ahead under the assumption that they will be working with him as before on policy and legislative issues in the weeks ahead.

"I don't think our confidence in his ability to work on these issues has dropped that much," she told reporters on Wednesday. "There are still some people within VA who don't need to be there, and he will have to deal with that."

Shulkin has said numerous times since the release of the report that he has concerns with individuals within his department who are not focused "on the best interests of veterans," and promised to address those issues.

On Tuesday, he told Politico that his new chief of staff, Peter O'Rourke, is conducting interviews with staffers involved in "subversion" at the department to determine what their future is at VA.

The VA secretary has been in a public fight with White House officials and his own communications staff since the inspector general's findings were released. The report accused him of multiple improprieties during an overseas trip last July, including improperly accepting Wimbledon tickets from an English businesswoman and using taxpayer dollars to pay for his wife's airfare.

Shulkin has suggested that his previous chief of staff's emails were hacked as part of the scandal, and had his own statements responding to the allegations removed from the official VA website by his communications staff, at the direction of White House lawyers.

At the same time, an email from White House adviser Jake Leinenkugel surfaced recommending action against several Shulkin confidants to put the secretary "on notice" that he needed to fall in line with other administration officials' priorities.

So far, the only high-level staffing change at the department was the resignation of O'Rourke's predecessor, Vivieca Wright Simpson, who was criticized in the IG report. But outside advocates say they expect more in coming days.

In a statement late last week, House Veterans' Affairs Committee ranking member Tim Walz, D-Minn., blamed the internal divisions on "the Koch brothers and corporate interests at the center of an effort to take over and privatize VA to make money."

Officials at Disabled American Veterans criticized "special interest groups who openly advocate shrinking and dismantling the VA" within Trump's administration and urged lawmakers and the White House to help get rid of those elements within the department.

Shulkin, 59, was among the last nominees for Trump's leadership team at the start of his presidency but also saw the easiest confirmation. No lawmakers on Capitol Hill raised concerns

about the then-VA undersecretary for health, and he was approved by the Senate with a 100-0 vote (a show of support that Trump often invoked in public events with Shulkin.)

Although he was the only holdover in Trump's Cabinet from former President Barack Obama's administration, Shulkin received effusive praise through most of 2017 from the president.

On several occasions Trump invited Shulkin to high-profile events and bill signings to underscore his message of change and progress at VA headquarters. Shulkin briefed reporters in the White House press room directly three times, an unheard of move in the previous administration.

Just last month, Trump lauded Shulkin during an Oval Office ceremony for "the greatest strides ever made at the VA for our veterans, and it's not even close."

Shulkin told Military Times last week he is hopeful he can return to that kind of progress in the weeks to come, after putting the travel scandal and other internal conflicts in the past.

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2. Greater Choice for Veterans

2.1 - The Journal Gazette: [VA makes local addition priority - 'West Tower' 8th on '19 budget list](#) (22 February, Brian Francisco, 797k uvm; Fort Wayne, IN)

A Fort Wayne building addition is among the highest-priority construction projects for the U.S. Department of Veterans Affairs.

VA's proposed budget for fiscal year 2019 ranks the construction of a "West Tower" at the Fort Wayne VA Medical Center as No. 8 on its list of 431 strategic capital investments.

The total price tag for the local project is \$17.6 million, with \$1.76 million requested for fiscal 2019.

Tom Blackburn, public affairs officer for the VA Northern Indiana Health Care System, said Wednesday that plans are in the works for a 27,000-square-foot, two-story addition to the southwest side of the main patient building, facing Lake Avenue. The lower floor would be an emergency department, and the upper floor would be for primary care, Blackburn said.

Construction would start in fiscal 2021 and should be completed two years later. Blackburn said the addition would mirror an ongoing construction project on the southeast side, which will add a sterilization processing facility for medical instruments, expected to be finished in June, and primary-care areas, expected to be completed in late 2019 or 2020.

Among 422 non-recurring maintenance projects listed in the budget proposal, the replacement of boilers at the Fort Wayne VA campus ranks 82nd in national priority, at a cost of \$9.9 million. Ranked much lower are a basement remodel, which Blackburn said would provide a radiology suite, and the replacement of underground utilities and parking reconfiguration. Together, they would cost nearly \$8.3 million.

VA's budget requires congressional approval.

A 2015 proposal to build a \$4 million parking garage at the medical center at Randallia and Lake avenues has been abandoned. Blackburn said VA instead seeks to acquire adjacent land for use as surface parking for VA employees.

Ongoing capital improvements at the 68-year-old campus involve converting the hospital into 26 private rooms, remodeling third-floor specialty clinics and replacing and widening sidewalks.

The VA Northern Indiana Health Care System, which also operates a medical center in Marion and smaller outpatient clinics in five cities, is part of the Veterans Integrated Service Network 10, which consists of Ohio, most of Indiana and Michigan's Lower Peninsula.

"The VISN 10 Indiana market is currently outgrowing its capacity," VA's proposed budget states.

"Over the next 20 years, the number of Veteran enrollees in the market is relatively flat, while demand for outpatient services is projected to increase by more than 52%."

The budget lists seven potential future projects, with a combined price tag of \$33.4 million, for the Fort Wayne campus. They include building expansions, renovations and remodeling.

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3. Modernize Our System

3.1 - GovLoop: [Former VA CIO Reflects On Tenure, Shares It Trends](#) (20 February, Joe Antoshak, 137k uvm; Washington, DC)

This Q&A is part of a new GovLoop series called "CIO Conversations." Throughout 2018 we'll feature conversational interviews twice a month with current and former federal, state and local chief information officers to get to know the people behind the titles. You'll learn about the perks and challenges of their job, how they ended up in their current position, what's top of mind for them, how they've rebounded from setbacks and more.

For the tens of millions of veterans here in the United States, a well-functioning Veterans Affairs Department is critical.

As the former chief information officer at the VA — from July 2015 to January 2017 — LaVerne Council knows just how difficult that job is. The department's IT organization is one of the largest and most complex in the country, which makes strong leadership even more critical to mission success.

"The VA is a large organization with an important job, and it has been a march uphill to try to make sure it meets all the stakeholders' needs," Council said. "I really appreciated the folks that got behind my leadership and were willing to try some things different, and then follow through, and then put their own capabilities on top of the team and make it better. It's a great thing as a leader when you can see that happen."

Recently, we chatted to Council, who now works as the National Managing Principal, Enterprise Digital Strategy and Innovation, at Grant Thornton. We talked about her time at the VA and what she thinks of the current landscape of government IT.

GOVLOOP: While you were working as the VA CIO, what were you most excited about? And on the flip side of that, what worried you the most about your job and responsibilities?

COUNCIL: You know, I was excited about making a lasting change. That was a real concern to me. I didn't want to come in, be disruptive, and then leave the team no better than I found it. It was really important that we worked as hard as we did, that we really showed we could make a difference. I was very proud that the team was able to do that.

I tend not to be a worrier, I tend to be a planner. But of course we all worried about the security of our information, the security of veterans' information, ensuring that we had two-factor authentication put in place, which we did implement. We were able to get 85 percent of the population updated to two-factor authentication.

So, if I had a worry, it was that bad people have been trying to do bad things to good people. We had to make sure, with all the outlets and opportunities we had, that we always protected the veterans' health information and their benefits, and their family's benefit and health information, like it was our own. And I took that very seriously.

GOVLOOP: You sound proud of the team you led. Do you feel positive about the direction the team is heading now?

COUNCIL: Oh, most definitely. I think they've been great stewards, wanting to see a difference made for the veteran. I think we learned a lot together about what we have the capacity to do.

I also think people were surprised to see that we could actually do what we said we were doing, in the timeframe that we did it. When that happens, many times you see new leaders pop up, and that's exactly what happened. I saw new leaders come to the forefront, take up the mantle and run with it, because they were empowered to do so, and they had the capability. Those people were quiet giants, and they just do it every day. They just grind to get it right, and that's why they're seeing the fruits of their labor now.

GOVLOOP: Who actually reported to you when you were CIO? What was the makeup of your team?

COUNCIL: Well, when you look at IT, it takes a lot. I added 33 percent more leadership because we had some gaps. And that's a whole other story: How do you add people in the federal government at that rate? But we did.

So reporting to me would be the CFO [chief financial officer], for IT. We also had the head of facilities for IT and all the operations and resources at our facilities reported in [to my office]. All the network telecommunications and people that work within hospitals reported in. We had our architects, security, development, program management office. So the team was quite sizable. The last time I saw the numbers it was something like 6,000 employees, 6,000 contracts.

GOVLOOP: That certainly is sizable.

COUNCIL: And a budget of about \$4.2 billion.

GOVLOOP: Do you have thoughts on how agencies and departments can better utilize their CIOs, or how CIOs can be a little more assertive in the process?

COUNCIL: I was just really thankful to have the business partners I had. And I think that's really a critical factor to the success of any CIO — being able to create that relationship. Because you're not on an island. You're there to help and enable and be a part of the business's success, or whatever service you're trying to enable. And when you're set apart, that's a recipe for disaster.

GOVLOOP: Lastly, speaking of technology today, what IT trends do you think will play the biggest role in government in 2018?

COUNCIL: I think it's going to be a continuation of cloud — using more cloud technology and getting out of the heavy brick and mortar infrastructure. There's such flexibility and opportunity there.

I think people will be moving more and more toward digital solutions and leveraging the internet as a way to share information, use information, and the analytics of information. I also believe that shared services will find its place. It's a tough one in the government because of the size and breadth of what you're trying to do, but it's a great opportunity to leverage some best practices, and to be able to share in that across agencies. So I continue to see those areas grow. No doubt, use of the cloud, comfortability with the cloud, and strong analytics definitely will break through.

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3.2 - FedTech: [Eye-Tracking Tech Delivers New Insights to TSA, NOAA and the VA - New forms of biometric tracking technology can help agencies better understand how users are directing their attention.](#) (21 February, Carolyn Shapiro, 33k uvm; Vernon Hills, IL)

During training, Transportation Security Administration screeners watch images of baggage contents move across a computer monitor — as they do at airport checkpoints — to identify potential threats, such as a knife or explosive detonator.

If the screeners miss something, TSA evaluators have to rely on them to recall where they were looking when the item passed by — but the screeners may not remember.

Now, new eye-tracking technology implemented at eight airports this year gives trainers “the capability to view the previously unobservable,” says Darren Wilson, who oversees the program for the Department of Homeland Security.

Called ScreenADAPT, the new technology monitors screeners as they scan for threats, letting TSA trainers know where the screeners were focused when the potential hazard appeared and helping them determine why it was missed. ScreenADAPT calculates a trainee's errors and adjusts the images to hone those skills.

“The system automatically adapts to see the type of training needed,” Wilson says. “If they miss guns, they're going to see more guns. If they miss knives, they're going to see more knives.”

The tracker, attached to the bottom of a computer monitor, uses a low-frequency beam to capture the image at the back of the eye. It then uploads that information to software that shows where the screener was looking, how long the screener's eye was fixed on any item and how it scanned across the image.

Eye-tracking technology offers a number of valuable uses. Federal agencies are implementing this technology for tasks as diverse as improving healthcare and boosting weather analysis.

A Wide Range of Uses for Eye-Tracking Tech

Such customized training has led to improved performance, Wilson says. One agency study found that screeners trained on the technology identified threats and cleared bags 45 percent faster than with previous programs.

In the National Oceanic and Atmospheric Administration's National Severe Storms Laboratory, researchers added eye tracking to help analyze meteorologists' attention patterns during weather events. The lab's technology sampled 300 eye movements per second, says Katie Wilson, a scientist at the lab's Cooperative Institute for Mesoscale Meteorological Studies.

"When somebody fixates, that's important. That's when somebody is extracting information," she says.

Researchers with the Department of Veterans Affairs found that eye tracking could identify brain injury by assessing patients' eye movements during a short film. Swelling in an injured brain can cause abnormal eye movement.

"Eye tracking enables us to detect brain injury that was previously not detectable," says Dr. Uzma Samadani, head of traumatic brain injury research at Hennepin County Medical Center in Minnesota.

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4. [Focus Resources More Efficiently](#)

4.1 - Washington Post: [The Daily 202: Jury still out on Trump's seriousness about banning bump stocks, improving background checks after Florida massacre](#) (21 February, James Hohmann, 43.9M uvm; Washington, DC)

[...]

TRUMP'S AGENDA:

-- White House officials have told VA Secretary David Shulkin that his job is safe, indicating to him that Trump has decided to "stomach" the story about Shulkin's 10-day, taxpayer-funded trip to Europe. Emily Wax-Thibodeaux, Lisa Rein and Josh Dawsey report: "The president's decision was communicated to Shulkin by [John Kelly] ... Trump 'personally likes Shulkin,' the official said, cautioning, however, that 'if other stuff comes out, this could change, but for now, he's safe.' [Sarah Huckabee Sanders] said Tuesday that she has 'no reason to believe' Trump had lost confidence in Shulkin."

-- Shulkin also said he has received the White House's approval to purge the agency of conservatives who oppose his leadership. Politico's Arthur Allen reports: "The embattled Cabinet head said he'd begun investigating what he called 'subversion' at the agency, and those who have defied his authority 'won't be working in my operation.' Shulkin's new chief of staff, Peter O'Rourke, is meeting with each staffer suspected of defying Shulkin 'individually and as a group to determine, now that there is a clear direction where we are going, where people are going to stand,' he said. 'Those who crossed the line in the past are going to have to be accountable for those decisions.'"

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4.2 - Politico: [Shulkin wins internal struggle](#) (21 February, Darius Tahir, 23.9M uvm; Arlington, VA)

SHULKIN WINS INTERNAL STRUGGLE: VA secretary David Shulkin has won his internal struggle with conservative critics of the department's policy direction, he tells our colleague Arthur Allen. Shulkin's tenure had become bedeviled by a travel imbroglio and conservative underlings who wanted to privatize veterans' benefits.

But the White House has granted Shulkin permission to cashier those critics, should he deem it necessary. The department's new chief of staff is "[meeting] individually [with each suspected critic] and as a group to determine, now that there is a clear direction where we are going, where people are going to stand...Those who crossed the line in the past are going to have to be accountable for those decisions."

— Cerner deal creeps closer: Meanwhile, the Cerner deal is creeping inexorably closer. The independent review of the department's contract with the EHR vendor recommended about 50 small changes to the requirements for the contract. The contract has been changed accordingly, and both sides feel good about those edits, according to a well-placed source who spoke on condition of anonymity.

The analysis, made by contractor MITRE, led to the recommendations, which are geared toward meeting the needs of VA clinicians. They address a lot of the interoperability-related usability features "that irritate EHR users," said the source, such as specifications around reconciling data in the EHR that comes from outside sources.

Department IT officials briefed Hill Veterans Affairs staff on Tuesday on the progress of the Cerner deal, a VA official said. Shulkin told POLITICO late Tuesday that the VA was close to signing the agreement but "not fully there yet." Two other sources had said the deal could be signed as early as next week.

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4.3 - Salon: [VA Secretary David Shulkin has green light to purge dissident staffers: report - The investigation will be led by Shulkin's new chief of staff Peter O'Rourke, according to the report](#) (21 February, Nicole Karlis, 23.9M uvm; San Francisco, CA)

Veterans Affairs Secretary David Shulkin has reportedly received a stamp of approval from the White House to dismiss employees who may be associated with an "internal rebellion," Politico reports. The dirty work of firing dissenters — which the agency is calling a "subversion" investigation — will be helmed by Shulkin's new chief of staff Peter O'Rourke.

Shulkin told Politico that O'Rourke is meeting with staffers "individually and as a group to determine, now that there is a clear direction where we are going, where people are going to stand."

"Those who crossed the line in the past are going to have to be accountable for those decisions," Shulkin told Politico.

The Veterans Affairs office named O'Rourke as the new chief of staff on Friday. He replaced Vivieca Wright Simpson, following an Inspector General (IG) report that accused Simpson of altering an email so that Shulkin's wife, Merle Bari, could legitimately accompany Shulkin on a trip to Europe last summer — and be reimbursed by the government for it. The alleged fabrication happened in an email exchange between a program specialist and Simpson, and was crafted to intimate that Shulkin was going to receive an award in Denmark, which was untrue. Simpson allegedly lied because receiving an award in Denmark would have made Shulkin's wife eligible to join Shulkin's trip on the government's dime.

"The OIG [Office of the Inspector General] found that in order to obtain a favorable decision, Ms. Wright Simpson falsely represented to [Designated Agency Ethics Official Tammy] Kennedy that Secretary Shulkin would receive an award while in Denmark, which Ms. Wright Simpson understood to be the criterion that would justify Dr. Bari's travel at VA expense," the Inspector General's report explains.

The Inspector General report also found that Shulkin improperly accepted Wimbledon tickets in 2017.

Shulkin told Politico that, amid the backlash, the White House has told him to stay "focused on the president's agenda," and the day-to-day agency operations.

"The White House has been clear they want me focused on the president's agenda, and to do that I have to have the authority to be able to run the organization," Shulkin told Politico.

"There's never been any deviation from that."

On the chopping block could be Press Secretary Curt Cashour, according to Politico, which claims Cashour has "openly defied" Shulkin's orders, and has removed statements posted by Shulkin on the VA website.

The Inspector General's report also incited Shulkin's conservative critics outside of the VA office to question his position and moral authority — including Colorado Republican Mike Coffman.

"He's really part of the culture of corruption that too often defines this organization. I just don't think that he has the moral authority to clean it up," Coffman said in a statement.

Following the news of Simpson's departure, Coffman continued to call for Shulkin's resignation.

Shulkin told Politico he didn't understand the rebellion and framed it as a "classic power struggle."

There is little insight into the dismissal process at this time, but Shulkin told Politico he anticipated firings. "I don't think everybody's going to remain at the VA," he said.

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4.4 - Newsweek (Video): [Trump White House Gives VA Head Permission To Purge 'Subversive' Staff, Shulkin Says](#) (21 February, Greg Price, 9.4M uvm; New York, NY)

Embattled Veteran Affairs Secretary David Shulkin has said he was granted permission by the White House to purge his agency of any employees who have undermined him, all while the secretary deals with backlash from his recent travel scandal.

Shulkin, the sole Cabinet-level holdover from the Obama administration, was investigating VA personnel for "subversion" of his authority, he said in an interview with Politico on Tuesday. The former hospital administrator did not expand on how many members of the staff were part of what he called "subversive events" intended to force his departure, but the report claimed some political appointees may have been involved.

"The White House has been clear they want me focused on the president's agenda, and to do that I have to have the authority to be able to run the organization," Shulkin told Politico after meeting with White House chief of staff John Kelly on Tuesday. "There's never been any deviation from that."

Shulkin's newly appointed chief of staff, Peter O'Rourke, is in the process of meeting with staff "individually and as a group to determine now that there is a clear direction where we are going, where people are going to stand," Shulkin added. "Those who crossed the line in the past are going to have to be accountable for those decisions."

Shulkin's former chief of staff, Vivieca Wright Simpson, retired from her post last week after a report from the VA's inspector general said she had falsified an email to have the agency pay for Shulkin's wife to travel with him to Europe last summer.

Shulkin also improperly received tickets to attend the Wimbledon professional tennis tournament in London from a friend, according to the report.

Shulkin has now paid back the funds, and the White House has continued to back him. Fixing and upgrading the VA was a top campaign promise for President Donald Trump. One of the president's initiatives was signing a bill that gave Shulkin greater power to dismiss VA employees and to shorten the appeals process after a firing.

The apparent purge of staff members intent on Shulkin's demise fits his promise to reporters last week after his testimony before the House Veterans' Affairs Committee.

"We need this department to be functioning well," Shulkin said. "Everybody needs to know their job is taking care of veterans. "If that's not the case, we're going to root that out, and we're going to make sure this is a department we're all proud of."

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4.5 - Pittsburgh Tribune-Review: [Judge drops charges against Veterans Affairs nurse accused of spying on Pitt students](#) (21 February, Megan Guza, 1.5M uvm; Pittsburgh, PA)

Charges were dropped Wednesday against a former Veterans Pittsburgh Healthcare System nurse accused of using a spotting scope to spy on University of Pittsburgh students last year.

Paul May, 56, of Lawrence County's Enon Valley, was charged in November with loitering and prowling, possessing instruments of crime and invasion of privacy after VA police spotted May in an SUV in the Oakland parking garage looking into dormitory windows with the scope.

The charges were dropped at the preliminary hearing after Magisterial District Judge James Hanley Jr. said there were no victims, said Mike Manko, spokesman for the District Attorney's Office.

"At this time, we would have no plans to re-file the charges based on the magistrate's ruling that we failed to produce any actual victims," he said.

Police wrote in the criminal complaint that May watched Pitt students who were "in a state of full or partial nudity."

A spokesperson for the VA said May is no longer employed by the hospital system.

At the time of his arrest, the VA said it was taking steps to fire May.

"This behavior is not in line with the norms and values of the VA, and as a result the employee has been suspended from all duties," VA Press Secretary Curt Cashour said in a November statement. "VA has initiated the process for removal from employment right away."

Megan Guza is a Tribune-Review staff writer.

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4.6 - The Gazette: [VA Chief of Staff steps down following inspector general investigation](#) (21 February, Tony Peck, 870k uvm; Colorado Springs, CO)

Department of Veteran Affairs Chief of Staff Vivieca Wright Simpson retired on Friday following the release of last weeks inspector general report, according to an agency statement.

The report, issued Feb. 14, investigated an 11-day trip to Europe made by several Veteran Affairs officials last July. The trip included Secretary David Shulkin, his wife and Wright Simpson.

According to the report, the Office of Inspector General received an anonymous complaint alleging that Shulkin and others misused VA funds and inappropriately accepted tickets to the Wimbledon tennis tournament.

In the fallout from the inspector general report Simpson elected to retire, although, the agency announced that it will conduct a formal investigation on her actions identified in the report, according to a press release.

"She called me this morning and told me she doesn't want to be in this environment anymore," Shulkin told Military Times on Friday of Simpson's resignation.

Filling her shoes is the agency's Accountability and Whistleblower Protection Executive Director Peter O'Rourke. He will play both roles for the agency until a replacement can be found for his previous role, according to a press release.

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4.7 - The Gazette: [Veterans' health care, national cemetery focus of Colorado Springs town hall](#) (21 February, Tony Peck, 870k uvm; Colorado Springs, CO)

The Department of Veterans Affairs' continuing struggles to eliminate wait times and meet demands for mental health care were discussed at a town hall in Colorado Springs Wednesday night.

The town was hosted by Concerned Veterans for America and U.S. Rep. Doug Lamborn.

Central to the discussion was Lamborn's "Veterans Empowerment Act," introduced to the U.S. House of Representatives in November.

"The bill throws out the idea of acceptable patient wait times and eliminates the requirement of the veteran to ask for VA permission to use civilian medical providers," the Colorado Springs Republican explained in a statement last year. "It gives veterans full authority to use the existing VA system or not."

Dan Caldwell, executive director of the veterans group, was quick to point out that the bill would not privatize the veteran health care system, something the group does not support.

While the bill would help alleviate some of the issues faced by Veterans Affairs, Lamborn believes more work is needed.

"We haven't finished with addressing some of the systemic problems," he said.

Other issues raised are the distance some have to travel to get treatment at a VA hospital, particularly for mental health care and PTSD.

"The VA is maybe overwhelmed with the job they have to do," Lamborn said. "The personal touch is so important to treat PTSD and mental health in general."

He believes "options" would allow veterans to find that personal touch.

At the end of the evening Lamborn announced that the Pikes Peak National Cemetery in Colorado Springs which is still under construction will have a dedication ceremony in May.

The \$31 million project will honor the service of Colorado veterans and will accommodate almost 100,000 burial plots by the time of its completion, according to a statement from Lamborn's office.

"Our region is home to 80 percent of the state's veterans," Lamborn said in a release. "We're long overdue for a local cemetery to honor our veterans and provide a final resting place to America's heroes."

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4.8 - WFED (AM-1500, Audio): [Justice Department sets up new Cyber-Digital Task Force](#) (21 February, Eric White, 831k uvm; Washington, DC)

[...]

Veterans Affairs Secretary David Shulkin said he has no intention of quitting. The big six veterans service organizations have now offered their support for Shulkin. The Disabled American Veterans, Paralyzed Veterans of America, Veterans of Foreign Wars, and Vietnam Veterans of America join AM-VETS and the American Legion in offering their support of the secretary. The VFW described the White House personnel who are reportedly trying to unseat Shulkin and Deputy Secretary Tom Bowman as a "cancer" inside the administration. White House Press Secretary Sarah Huckabee Sanders says she "has no reason" to believe Shulkin doesn't have the president's trust. (Federal News Radio)

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4.9 - Judicial Watch Blog: [VA Secretary's Chief of Staff Embroiled in Another Cover-Up Scandal](#) (21 February, 297k uvm; Washington, DC)

One of the high-ranking Veteran Administration (VA) officials who misled the agency's secretary about the prosecution of an elderly Army vet made false claims and altered an official record in a separate case. Her name is Vivieca Wright and she is the chief of staff to VA Secretary David J. Shulkin. Last week Judicial Watch obtained records showing that Wright and others in Shulkin's inner circle lied to him about a federal case in which an Army veteran was criminally prosecuted for displaying the American Flag at a southern California VA facility. Judicial Watch helped represent the 75-year-old vet, Robert Rosebrock, who faced up to six months in jail for the ghastly offense of affixing Old Glory at a site honoring those who served their country. He was also charged with taking unauthorized photographs of both the Flag and VA police.

Wright helped spread falsehoods to her boss about the Rosebrock prosecution after he ordered her to check the accuracy of a national news report about the federal case. Shulkin was opposed to pressing charges against Rosebrock and wanted to issue a press release announcing it. More than a month before Rosebrock's trial, the VA Secretary's staff downplayed the seriousness of the charges by erroneously stating in official agency emails that the vet made

the choice to go to court rather than pay a fine and that he faced no jail time. In fact, Wright forwarded an email to her boss from the director of the West L.A. VA, Ann Brown, falsely stating: “Forgot to add—he is facing a \$25 fine with NO jail time.”

Days after Judicial Watch published this, the Department of Veterans Affairs Office of Inspector General (OIG) released a report stating that Shulkin’s chief of staff lied and altered official agency emails in another case. The VA watchdog was tipped off by a whistleblower outraged over waste involving an overseas trip that misspent taxpayer dollars and misused department resources. During the European jaunt, a high-level VA employee was delegated to “personal travel concierge,” OIG investigators found, and the agency paid thousands of dollars for Shulkin’s wife, a dermatologist named Merle Bari with a private practice in Pennsylvania, to join him on the trip to Copenhagen and London last July. The ten-day trek included 11 people and cost the VA north of \$122,000, according to the OIG probe, which found “serious derelictions concerning the trip...” The VA delegation visited Kensington Palace and Westminster Abbey and strolled through the gardens of Buckingham Palace. Details are included in more than a dozen trip books printed at a cost of \$100 each, the report reveals.

The VA secretary and his entourage were officially attending the Ministerial Summit on Veterans’ Affairs in London, a questionable powwow for senior officials from the U.S., the United Kingdom, Canada, Australia and New Zealand to “discuss topical issues related to veterans.” After accepting the invitation, Shulkin ordered his staff to book a side trip to Copenhagen, Denmark. Prior to the summer trip, Wright contacted the VA ethics office to find out if her boss’s wife would qualify as an official U.S. government traveler so taxpayers could pick up her expenses. Unless she was on official business or Shulkin was receiving an award, the wife didn’t qualify and would have to pay her own way, Wright was told. The chief of staff did what any corrupt government employee would do—lie and falsify a document. She made up a bogus award that Shulkin would supposedly receive from the U.S. ambassador to Denmark and told the ethics office that the wife’s travel had been “approved by the White House.” Shulkin never received any awards or recognitions, the OIG report confirms. The “VA’s chief of staff made false representations to a VA ethics official and altered an official record, resulting in VA improperly paying for Dr. Bari’s air travel,” the report states.

Of interesting note is that less than two weeks before the European trip, Shulkin issued a stern memo to all VA staff announcing restrictions on nonessential travel. The memo, titled Essential Employee Travel, said agency managers had to approve all employee travel by determining whether it is essential in order to decrease “employee travel and generate savings” within the VA. Evidently, the new measures don’t apply to him or his wife. Investigators say they found no evidence that Shulkin was aware of his chief of staff’s “false representations or alteration of official records.” Because Wright’s actions may have violated criminal statutes, the OIG referred the matter to the Department of Justice (DOJ) for criminal prosecution, but the agency decided to let it slide. This is typical of the dysfunctional manner in which government operates.

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4.10 - Fierce Healthcare: [Veterans groups rally around VA Secretary David Shulkin in wake of ethics violation, internal turmoil within agency](#) (21 February, Ilene MacDonald, 141k uvm; Washington, DC)

Veterans groups say Veterans Affairs Secretary David Shulkin, M.D., has their full support, despite allegations that he and his staff misused taxpayers' money to pay for a European trip and amid reports that political appointees within the agency may be trying to push him out.

Last week, Shulkin faced a tough VA Office of Inspector General report that slammed him for using taxpayer money to travel to Denmark and London in a July trip that mixed business and pleasure. The report also accused one senior staff member of deliberately altering an email to justify that the VA should pay for Shulkin's wife's travel expenses.

Although he disputed the claims in the report, by the end of the week Shulkin agreed to reimburse the agency, and the staff member who allegedly doctored the emails, Chief of Staff Vivieca Wright Simpson, had announced her retirement.

Meanwhile, Shulkin claims that people within the department have been trying to undermine his authority and may have hacked Simpson's account to alter the text. And he indicated in a Politico interview that he has the support of the White House to purge the agency of those who are deliberately defying his authority.

Shulkin described the internal strife as a classic power struggle with those within the agency who oppose his attempts to work in a bipartisan manner. Although Shulkin is a holdover from the Obama administration, he was appointed by President Donald Trump to serve as VA secretary and was confirmed with unanimous support.

Among his supporters: The Veterans of Foreign War, the American Legion, Disabled American Veterans (DAV) and AMVETS.

The DAV said it was extremely concerned about efforts to undermine Shulkin's mission to strengthen and modernize the VA rather than privatize the nation's largest integrated healthcare system.

"It's troubling to think there are efforts working against what is best for veterans and jeopardizing what we believe has been strong leadership within VA, to include the secretary and new deputy secretary," the DAV said in a statement. The group said that although it doesn't always agree with Shulkin, he is a "proven advocate for veterans."

The American Legion also indicated its support for Shulkin, noting his work to implement electronic health records, improve patient satisfaction, decrease waiting times for care and expand veteran access to mental healthcare.

"We have been encouraged by the great progress Shulkin has made and believe that he remains the best person to lead this important federal public institution on the behalf of the American people," said American Legion National Commander Denise H. Ronan in the statement.

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4.11 - Task & Purpose: [Here's Why Veterans Groups Are Circling The Wagons Around Embattled VA Secretary Shulkin](#) (21 February, James Clark, 102k uvm; New York, NY)

Leading veterans service organizations met Tuesday to mount a joint response in the face of a troubling inspector general report alleging “serious derelictions” in expensing on the part of the Veterans Affairs Secretary David Shulkin and his top staff during a Europe trip last July, multiple sources told Task & Purpose.

The groups — including the largest VSOs, dubbed the “big six” — were prepared to call for the Trump administration to retain the embattled VA secretary, but have so far held off on sending a formal letter. (That same afternoon, USA Today reported that the VA’s top official “received assurances” from the White House that his position at the department is, for the time being, safe.)

Based on the recent statements from leading veterans service organizations, the mistakes detailed in the 97-page report appear to be overshadowed by concerns of a power struggle within the VA — one allegedly perpetrated by pro-privatization operatives within the department, with the goal of ousting Shulkin. And it’s that final point, that may have caused veterans groups to gather.

Put another way, the rallying cry for Shulkin amounts to: Better the VA chief we know...

A federal institution with a proposed budget of nearly \$200 billion for fiscal year 2019, the Department of Veterans Affairs oversees the largest integrated health care system in the United States, and there are concerns among veterans organizations, advocates, and lawmakers, that it’s a ripe target for special interest groups seeking to turn a profit through privatizing aspects of the Veterans Health Administration — the VA’s medical arm.

In an interview with Task & Purpose, one veterans service organization official equated VA health care privatization to “robbing Peter, to pay Paul, while John bleeds out.” In this analogy, Peter’s the VA, and veterans are John.

Since Feb. 19, the largest veterans organizations, AMVETS, Vietnam Veterans of America, Veterans of Foreign Wars, The American Legion, Disabled American Veterans, and Paralyzed Veterans of America, have rallied around the embattled secretary, advocating for Shulkin to remain at his post.

Though the messages vary between the VSOs individual statements, the tone is consistent, portraying a mix of disappointment over the actions detailed in the travel report, support for Shulkin’s past efforts, and concern over stories of a VA harried by inner turmoil.

The disappointment stems from the secretary and his staff’s decision-making during the 10-day Europe trip last year, which according to the Feb. 14 report, cost taxpayers \$122,000; included five and-a-half days of sightseeing in Copenhagen and London; and came with allegations of wrongfully accepted gifts; and the claim that Shulkin’s now-retired chief of staff doctored an email so the secretary’s wife’s airfare could be billed to the VA. Shulkin has disputed the reports findings but agreed to repay the cost of travel and to pay back the value of a pair of improperly accepted Wimbledon tickets.

In their statements supporting the VA chief, veterans organizations cited Shulkin’s unanimous approval by the Senate — nearly a year to the day the inspector general report was released — and the VA’s efforts under Shulkin to improve the Post-9/11 GI Bill, reduce wait time for appeals, and expand mental health care for transitioning service members.

But veterans groups are worried that privatization advocates are using the IG report to get their way.

“The news media over the past week has reported on the disingenuous actions of a few political appointees in Washington who are attempting to undermine” veterans support and confidence in the VA, reads the Veterans of Foreign Wars statement. “The acts of these individuals have become a cancer inside this Administration. They sow doubt, they create turmoil, and their ideological agenda clearly puts outside interests ahead of the care and well-being of millions of wounded, ill and injured veterans.”

Veterans service organization officials who spoke with Task & Purpose, have claimed that political appointees — some of whom were previously affiliated with Concerned Veterans for America, a conservative veterans advocacy group backed by the Koch brothers — have been pushing an agenda from within the VA for greater privatization.

That’s an accusation CVA is denying.

“Frankly I think there’ve been a lot of outright lies, and misrepresentation where Concerned Veterans for America fits in, in all of this, and what our relationship was like — and what we thought it was like — with Shulkin,” Dan Caldwell, the executive director for CVA, told Task & Purpose. In a previous email to T&P, Caldwell described that relationship as such: “...despite what some have said — CVA has always had a good working relationship with Shulkin. We wouldn’t want to push him out — he has brought us to table like no one has before. He is also for the most part aligned with us.”

Though the VA did not respond to Task & Purpose’s request for comment about Shulkin’s “work relationship” with CVA, Caldwell emailed several press releases, social media posts, and news articles citing members of CVA, usually Caldwell, praising Shulkin.

“It’s quite clear that you have people, certain veterans service organizations and others, who are quite clearly pushing the narrative that we’re involved in this,” Caldwell said, before speculating that when the VA secretary’s policy has aligned with CVAs, it’s drawn the ire of other organizations, who see those moves as too close to privatization efforts. “They basically needed somebody who’s going to be the bad guy in all this,” he added.

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4.12 - KFBB (ABC-5): [VA says staff numbers are normal, despite rumors.](#) (21 February, Bliss Zechman, 43k uvm; Black Eagle, MT)

HELENA, Mont.- We received a tip and multiple comments from our viewers that the VA Hospital in Helena was losing the majority of its staff. Despite losing a few doctors recently, administrators at the hospital say those rumors are not true.

The VA is required to have about 37 full-time providers. They currently have 33. However, there are only two vacant positions without known replacements. Despite a few gaps in coverage, Deputy Chief of Staff Dr. Marilyn LaJoie says Fort Harrison is functioning just fine.

"Our goal is, of course, to take care of our veterans and to maintain their peace of mind as well as maintain their healthcare," said LaJoie.

Montana has about 36,000 veterans meaning there are more than one thousand patients assigned to each provider.

"If we have three staff members who work two days a week and all three were to terminate service and we replaced them with one full-time provider, it looks like a lot more have left than actually have," said LaJoie.

However, still, some say they aren't getting the services they need in time. We spoke with one Navy vet's wife a couple of weeks ago about extreme wait times.

"It blows my mind that they could make somebody who needs help wait for so long, because you don't know what could happen," said Heather King.

Dr. LaJoie says outpatient wait times usually don't take longer than 30 days. However, Heather's husband sought immediate help for PTSD. He didn't get treatment until seven weeks later. LaJoie says they've implemented a program called Telehealth, a virtual medical help service, to try to help vets get help with just the click of a button.

The Montana VA plans to hire more qualified

"Anything that can be done to improve the care that we render to veterans. We are very grateful for," said LaJoie. personal and expand some of their healthy initiative programs.

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4.13 - ConnectingVets: [VA Secretary to keep his job](#) (21 February, Caitlin M. Kenney, 24k uvm; New York, NY)

A Secretary David Shulkin reportedly will be keeping his job and the American Legion is confident in Shulkin's support for veterans.

The American Legion's Executive Director Verna Jones told reporters Wednesday that she had been told by a credible source that it had been decided that Shulkin was going to stay.

"I believe that what they've decided to do is to move forward," she said. "Now we don't know how long it's going to last, but until something else happens I think that the decision has been made so that Shulkin is going to remain the secretary."

A VA Inspector General report released Feb. 14 into expenses during a trip to Denmark in July 2017 led Shulkin to apologize and repay the government for his wife's plane ticket, according to USA Today.

Speaking to Connecting Vets on Tuesday, Jones said "While we are very disappointed in some of the things revealed in the IG report, we still stand strong that David Shulkin has done an amazing job for veterans and the VA. So we would definitely like to see him stay on as Secretary of the VA."

Other Veteran Service Organizations, such as American Veterans (AMVETS), Disabled Veterans of America, and Veterans of Foreign Wars, released statements supporting the secretary on Feb. 19.

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5. Improve Timeliness of Service

5.1 - KETV (ABC-7, Video): [Veterans reduce pain medication through massage](#) (21 February, Sarah Fili, 1.1M uvm; Omaha, NE)

OMAHA, Neb. — Many veterans struggle with pain. Some from war-related injuries, others, from the wear and tear of combat training. Many are searching for answers outside the doctor's office and away from medication.

A massage is supposed to be relaxing, but for Marine veterans like Jeremy Stone, it's a sensitive subject.

"I hadn't had anybody put their hands on me like on your back in areas that you aren't touched that aren't your forearms or your hands," Stone said.

It's painful but vital, to heal his neck and back.

"I've had constant pain since 1997. I've had a headache since 1997," he said.

So he puts his trust in massage therapist Dan Hanneman, at Stillpoint Massage.

"I've told veterans and civilians alike this is a good place, a safe place you can come," Stone said.

Hanneman understands because he's also a veteran.

"Some of these veterans have seen combat and have had strong experiences," Hanneman said.

He helps around 50 veterans with stories like Stone's.

"Medicate it, medicate it, until I was taking so many pain pills and muscle relaxers on a daily basis that it was overwhelming," Stone said.

Now he's able to cut back on those painkillers. So is Air Force veteran Danette Reidl.

A car crash while on duty nearly paralyzed her from muscle tension.

"To feel like my life is just a medicine for this and a medicine for that and that and, oh by the way, don't get addicted," Reidl said.

Massages help replace some of that medicine.

"I've seen people sort of change their lifestyle more towards health since they're able to do more and take care of themselves better," Hanneman said.

A true therapy for a sensitive subject.

These different options for treatment are available through the Department of Veteran's Affairs' care in the community program. Other options are chiropractic treatment and acupuncture. Talk to your VA doctor and they can help see if you qualify.

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5.2 - WGCL (CBS-46, Video): [Veteran still waiting to get approved for disability 24 years later](#) (21 February, Natalie Rubino, 587k uvm; Atlanta, GA)

Terria Clark joined the army right out of high school. She fought for three months in Desert Storm but her most scarring battle happened on American soil when a Sergeant called her into his office.

"I wanted to be a career soldier," said Clark. "As I was going into the office, he was behind me and the door closed and the light went off and he had me on the desk."

Clark said she couldn't get away and before she knew it he was putting his tongue down her throat and touching on her. Eventually she found a stapler gun and hit him with it. She ran away but the attack never escaped her.

When CBS46 reporter Natalie Rubino asked Clark if she had flashbacks, she responded "All the time. Smells, the cologne, the roughness of the beard."

Clark said after she reported the incident to her commander, she was handed Article 15 papers and was demoted. Months later, she left the army.

"I just didn't feel safe," said Clark.

Clark was diagnosed with PTSD and MTS in 1994. She applied for disability benefits the same year but was denied.

A spokesperson from the VA tells Natalie Rubino that in 1994 Clark was unable to prove her PTSD status was connected to her time in the military. She had a year to repeal the decision but never did. Twenty-three years later, Clark did re-apply for disability in December 2017 only to find out the VA lost the most important part of her military record.

"The assault. The Article 15, My statement. That's not there. That life is missing," said Clark.

Drew Early is a lawyer who helps veterans with VA claims. He says the VA didn't make the move to electronic records until about four years ago.

"When you're dealing with paper and there's one piece pf paper and that file is only in one location it very easily gets lost gets misplaced," said Early.

The VA would not confirm or deny if they had lost Clark's documents. Still, Clark says it shouldn't be this complicated.

"I've laid my life down. I wanted to be a career soldier. Unfortunately that was taken away from me and a change, a change has to come," said Clark.

Drew says it typically takes three and a half years for an appeal to be reviewed in Atlanta. He says right now there are 35,000 appeals going through Atlanta's regional office and only about three teams reviewing those appeals.

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5.3 - KKTV (CBS-11, Video): [11 Call For Action Investigates: VA cancels surgery for legally blind veteran](#) (21 February, Katie Pelton, 313k uvm; Colorado Springs, CO)

A veteran, fighting to see again.

"Just extremely frustrated and helpless."

Danny Webster was supposed to get eye surgery to fix his eyesight. Without the surgery, he says he's legally blind.

"It would take 20 seconds to fix both eyes, and my vision would return to 20/25," said Webster.

The surgery was to fix scar tissue that formed after a prior cataract surgery. But the VA canceled at the last minute.

"I'm blind. I can't see. You are a blur," Webster told 11 Call For Action Anchor Katie Pelton.

The cataract surgery was done through the Veterans Choice Program and done by a private ophthalmologist in Colorado Springs in July. Last fall, his doctor set up another surgery for Jan. 31 to remove scar tissue that had formed on his eyes. The date came and went.

Webster: "Everything was set up, I got the paperwork, and 17 hours before my surgery was set to take place, Skyline called me up and told me that the VA had canceled my surgery."

Pelton: "How did that make you feel when you got that call hours before the surgery?"

Webster: "Angry."

He called the Choice program through the VA.

"I asked her why my surgery was canceled, and she says because there's an ophthalmologist at the VA," said Webster.

But Webster says he doesn't come to the VA to get his eye care. He goes to a private doctor, which the VA previously approved. And you can see that in his paperwork.

The VA told Pelton it's just for non-surgical care -- even though the paperwork doesn't specifically say that.

"I was in the Air Force in civil engineering for 14 years. ... I earned this health care. That was not given to me," Webster told Pelton.

After our 11 Call For Action team got involved, the VA has now agreed to let him get the surgery after all.

It's scheduled for Wednesday.

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5.4 - The News-Review: [Concerns raised about former Roseburg VA surgery chief's colonoscopies at Michigan VA](#) (21 February, Carisa Cegavske, 160k uvm; Roseburg, OR)

Before former Chief of Surgery Dinesh Ranjan became a focal point for controversy at the Roseburg Veterans Affairs Medical Center, he worked at the Iron Mountain VA, in Michigan's rural Upper Peninsula. Independent investigators recently raised concerns about colonoscopies performed by Ranjan and other doctors there, the Iron Mountain Daily News reported last week.

Ranjan stepped down as chief of surgery last month in the wake of allegations of bullying and whistle-blower retaliation. He's currently working for the VA Northwest Network, helping develop its surgical telehealth program.

Ranjan joined the Roseburg VA in 2014, at a time when hundreds of patients were on wait lists for colonoscopies. The VA asked Ranjan to help reduce the backlog, and by Aug. 21 that year, he had performed 79 colon procedures, including colonoscopies and less invasive procedures called sigmoidoscopies. The VA's gastroenterologist and another surgeon, Philo Calhoun, voiced concern about Ranjan's competence. Both later alleged VA managers retaliated against them for blowing the whistle on Ranjan.

After reviewing Ranjan's performance here and finding he used outdated methods to perform colonoscopies on Roseburg VA patients, the VA's Office of Inspector General recommended in July 2017 that the 2,000 colonoscopies he performed at Iron Mountain get a second look.

The Iron Mountain newspaper reported the VA reviewed a random sample of those colonoscopies, and subsequently commissioned an independent review by non-VA investigators of 4,117 colonoscopies and other colon procedures performed by multiple doctors at the Iron Mountain VA from 2009 through August 2014. That investigation raised concerns about procedures performed on four veterans by three doctors, including Ranjan. One of those veterans had died, and the cause was related to "colon issues," a VA official told the Iron Mountain Daily. It appears Ranjan was not the doctor who treated the patient who died, since that doctor was said to be no longer working for the VA.

The full report on the Iron Mountain colonoscopies has not been released by the VA, which cited health care privacy laws, according to the Iron Mountain paper.

In the earlier July 2017 report on the Roseburg VA, which was released to the public, the Inspector General found Ranjan used outdated practices like burning polyps, a procedure that increases the risk of colon perforation. It said investigators found no evidence colonoscopies had been performed unsafely at the Roseburg VA. No complications or missed cancers were discovered in the VA's review of Ranjan's work here. However, it found deficiencies in

documentation on Ranjan's cases that led it to change its rules nationwide about what records VA doctors around the country need to create when they perform colonoscopies.

After reporting his concerns about Ranjan in 2014, Calhoun was barred from performing surgeries, given a poor performance review and blocked from seeking employment at another VA. Calhoun was later vindicated by the U.S. Office of Special Counsel, which found he had been retaliated against for whistle-blowing. Calhoun was reassigned to the Portland VA, and has since retired.

The Roseburg VA placed the gastroenterologist who had reported on Ranjan on administrative leave and removed her property from her office, according to the Inspector General's July report. She has hired legal representation and filed a whistle-blower claim, the report said. She had ordered some of Ranjan's patients to receive repeat colonoscopies, but VA managers canceled some scheduled repeats, the report said.

VA doctor Steven Blum said the Iron Mountain study illustrates the importance of the Roseburg doctors raising their concerns about Ranjan.

"The recent admission by the Iron Mountain VA that patients were injured and died proves that the actions of whistle-blowers in Roseburg have literally saved lives," Blum said.

He said managers who allegedly covered up the problems delayed "much needed care" for the patients, and that the injuries and deaths of veterans "should not go unpunished."

The VA issued a statement Wednesday morning confirming "there have been several reviews" by the Inspector General and the regional network about colonoscopies conducted at Roseburg.

"These reviews did not substantiate Dr. Ranjan performed colonoscopies unsafely, but found that he practiced in an outdated manner. Dr. Ranjan performed 79 cases at the Roseburg (VA) between April and August 2014, and each were independently reviewed. He received additional training and supervision, but has not performed any colonoscopies at Roseburg since August 2014," it said.

The VA said if patients have any questions about care they should contact patient advocates Wendy Thatcher and Barrett Smith, who are available weekdays at 541-440-1000, ext. 41206, or drop by the office in Building One on the Roseburg campus.

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5.5 - Wisconsin Public Radio: [New Study Looks Into Impact Of Fish Oil On Alzheimer's Risk Among Veterans - Veterans Have Higher Risk Of Developing The Disease](#) (20 February, Mary Kate McCoy, 151k uvm; Madison, WI)

A new study is looking into whether fish oil supplements can slow down – or prevent – the onset of Alzheimer's disease in older veterans.

The study is focusing on veterans because those who are eligible for Veterans Affairs services have a higher risk for developing dementia, according to Dr. Cindy Carlsson, leader of the study and geriatrics provider at the William S. Middleton Memorial Veterans Hospital in Madison.

"It may be in part because they have greater exposure to traumatic brain injuries and they tend to have higher rates of depression and post-traumatic stress disorder," said Carlsson.

They also are more likely to have higher levels of vascular risk factors, like high blood pressure, high cholesterol and diabetes, Carlsson said. All of those pieces add up to a higher risk for people their age among the general population.

Participants in the study must be between the ages of 50 and 75, and have a parent with Alzheimer's disease. Some participants will be assigned a high dose of fish oil, called vascepa, and others a mineral oil supplement.

"We know that there is a lot of data from recent years that things like high cholesterol, diabetes and high blood pressure increase our risk for developing dementia," Carlsson said. "So what we're trying to do is see if some of these therapies could help with those risk factors and make a difference in reducing risk for Alzheimer's."

Researchers are concentrating on how the fish oil helps with brain blood flow and how it affects key proteins related to the development of Alzheimer's, particularly amyloids.

"We're focusing on a fish oil that we know helps improve blood flow and helps reduce cholesterol levels, to see if that helps beneficially change some of these markers," she said.

MRI scans are then used to test changes in the blood flow to the brain over time, first measured at the baseline, then at 9 and 18 months. Amyloids are also monitored in response to the fish oil.

Over 5 million Americans currently have Alzheimer's disease, according to the Alzheimer's Association, and that number is expected to triple by 2050.

"It will have tremendous effects on the health care system, also on patients and their families," Carlsson said.

In 2017, Alzheimer's and dementia cost the United States \$259 billion. By 2050, the Alzheimer's Association predicts those costs have the potential to reach \$1.1 trillion.

Americans are living longer, and that is the main driver behind the heightened levels of the disease, Carlsson said. To fight it, researchers are centralizing their efforts on preventive measures.

"If we can reduce the number of people with Alzheimer's, or delay it by five years, then we can reduce the number of people with Alzheimer's by 50 percent," Carlsson said. "That would have a huge impact on quality of life and cost saving for our health care system."

Despite disappointment with clinical trials on discovering ways to treat and prevent Alzheimer's in the past, Carlsson is optimistic about the research.

"There are a lot of good leads and markers for things that may tell us about the brain before memory loss symptoms start," she said. "I think there's optimism in looking at a variety of ways for these medications to help improve blood flow to the brain."

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5.6 - WSEE (CBS-12, Video): [Erie VA Medical Launching Whole Health Program](#) (21 February, Lisa Adams, 146k uvm; Erie, PA)

The Erie VA Medical Center is expanding its efforts, to fight against opioid addiction.

They are preparing to launch a "whole health program," focused on the total well-being of the veterans, they treat.

Marguerite Evanoff-Jurkovic, D.O, is the Whole Health Program Director. She said the program is meant to complement traditional medicine. "What we're trying to do is move our patients away from being a disease-based approach to medicine and trying to shift to patient-centered care, where we try to establish the patient's goals and how we can use those goals to help lead a patient to a more healthful lifestyle."

The Erie VA Medical Center is one of only 18 across the nation chosen to pilot the program. It is part of their response to CARA, the Comprehensive Addiction Rehabilitation Act passed two years ago.

The new program will offer treatments including battlefield acupuncture, osteopathic manipulation, chiropractic, aqua-therapy, yoga and Tai Chi.

Navy Veteran Will Lachner was undergoing a battlefield acupuncture treatment for neck pain. In just minutes, his pain was reduced dramatically. "Today it's full range of motion and feels better," Lachner said.

Lachner is also a Whole Health coach for the VA. "My piece is just to find purpose for them, what do they want to center around, they're the center of the medical model...and what they want to do," he said. He believes his purpose is helping other veterans find their purpose. "Is it focus on family, focus on physical health, focus on spiritual wellness, so that's directing them to figure out what they want to do," Lachner said.

John Gennaro, CEO of the Erie VA is enthusiastic about what the program will offer area veterans. "What it does is helps with chronic pain management, it's something that's very exciting that we're bringing here, it's something that allows an additional tool in the tool box to treat veterans and their chronic pain management," Gennaro said.

The Whole Health Program at the Erie VA Medical center will be rolled out with an open house this Spring. They have already hired staff and are training volunteers to help implement it across the Erie Va system. The Erie VA Medical Center will collaborate with LECOM and the YMCA on the initiative. It is expected to enhance progress already made in the VA system nationwide to reduce the use of opioids to manage pain. "Since 2012 the VA overall and specifically here at the Erie VA we've reduced the use of opioids by over 40% among the veteran population," Gennaro said.

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5.7 - KECI (NBC-13): [VA addresses concerns over primary care shortage](#) (21 February, McKayla Haack, 27k uvm; Missoula, MT)

MISSOULA, Mont. — Some veterans are saying there isn't enough staff at the Missoula Veterans Affairs clinic, but officials say that's not the case.

Terrance Walleser is a Vietnam veteran. He was a C-130 mechanic and OV-10 mechanic. Today he lives in Ravalli and goes to the Missoula VA clinic every six months for a checkup, but he says this time was different.

"I came in, and there was nobody there, which really surprised me," said Walleser. "I've lost two doctors within a year. Both were great. One retired and the other one took another job, I think, out in Oregon."

Staff there told him they'd been down a doctor since Dec. 21 and don't expect to fill the vacancy until March.

However, the VA says there are two full-time doctors on staff in Missoula. Another is scheduled to start work in May.

A Helena report says claims of a widespread primary care shortage are false.

The Veterans Health Administration says they have 10 individual providers scheduled to join the Montana VA some time between March and May. That's statewide.

The report also shows turnover, that eight providers resigned.

The state's VA director, Dr. Kathy Berger, says, "There is a nationwide shortage of primary care providers, and in rural states like Montana the shortage can be even more significant."

She goes on to say she is confident the state has what it needs to serve our veterans.

However, vets NBC Montana talked to aren't sold.

Al Zaglauer says he hasn't been able to see a doctor at the Missoula VA clinic in a couple of years. Zaglauer's provider is a nurse practitioner, and he says she's wonderful, but everything she says Zaglauer needs has to go through Helena.

He's also a Vietnam veteran. He was Special Forces from 1962 to 1985. Today, among other things, his feet need a lot of care.

"In the special ops you never wore socks, because you'd get jungle rot, because your socks would stay wet all the time," said Zaglauer. He said they wore special boots in Vietnam, but they messed up his feet.

"Now, thank God, the VA gives me special inserts and shoes and boots and takes care of (my feet). But now I? have to go up every year to get my new boots and new shoes," said Zaglauer.

He says he's also had to drive to Helena to see a specialist about his congestive heart failure. It's a difficult task with his oxygen tank, a cane, a torn rotator cuff and winter road conditions.

"I just think Helena -- whoever is in charge up there, he has no idea what veterans my age -- I've been wounded a couple of times -- what we go through on a daily basis," said Zaglauer.

"It's so overloaded down there. There's a lot of veterans in this town that are seeking medical care, and it's just like an assembly line down there. I don't know how the medical staff continues; it's just constant overload. They're getting overworked, that's for sure," said Wallerer.

For now, the VA says gaps in coverage are filled by telehealth providers from other sites and with locum tenens providers.

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5.8 - Inland Empire Community News: [Deported veterans continue to struggle on other side of border](#) (21 February, Anthony Victoria, 15k uvm; San Bernardino, CA)

TIJUANA, Mexico—A clean cut U.S. Marine stood alongside fellow veterans at the Deported Veterans Support House last December to welcome a recent delegation of state and federal legislators.

Jose Luis Alvarez, with his perfect English and stoic physical presence, appears as American as any proud veteran. Except, he's not. He's a Mexican national whose world was turned upside down a month ago when he was given deportation orders.

Alvarez, 45, a former U.S. Marine was charged with a felony by Los Angeles County prosecutors. After being told he would be given a deal, Alvarez claims he was forced to leave the country.

"We did everything we could, and I still got deported," expressed Alvarez. "I have a wife and a 3-year-old son back home. It's hitting them real hard."

Like Alvarez, who migrated to the U.S. with his family from Michoacan, Mexico in 1975, other veterans have left behind livelihoods on the other side of the border due to deportation. They've been convicted of crimes—mostly nonviolent—and have served time in prison. Once they complete their sentences, they are sent to border towns like Tijuana, where many of them struggle with poverty and substance addiction.

Hector Barajas, who founded the Deported Veterans Support House in 2013, said the "bunker" has become a resource center for exiled veterans that are in need of support. Barajas' own experience with deportation—living on the streets in Tijuana—compelled him to help fellow veterans who were grappling with internal issues.

"There was a necessity," said Barajas, who served in the U.S. Army. "We help [veterans] with VA benefits, we connect with ACLU attorneys, and we work with legislators to resolve issues."

Barajas believes a lot of progress has been made in recent years. There is more media exposure, an array of support from state and federal legislators (some deported veterans have been pardoned by Gov. Jerry Brown), and there is more access to medical care. Barajas is awaiting a naturalization hearing that may see him return to the U.S.

Nonetheless, deported veterans continue to lack access to legal resources, struggle with drug and alcohol abuse, and renewed Post Traumatic Stress Disorder.

“One of the hardest things for these veterans is being away from their families,” Barajas said. “It’s hard for them to find housing and it’s hard to find access to medical health care. They’re facing renewed traumatic events—being incarcerated, facing deportation, finding a place to live, and getting clean and sober. It just amplifies their stress.”

California lawmakers introduced Assembly Bill 386—legislation that intends to help pay for legal fees for deported veterans that were previously stationed in the state or have children attending California schools.

Assemblywoman Eloise Reyes (D-Grand Terrace), Assemblywoman Lorena Gonzalez Fletcher (D-San Diego), U.S. Rep. Mark Takano (D-Riverside), the League of United Latin American Citizens, and U.S. born veterans visited the bunker on Dec. 27, 2017 to learn more about the experiences of the deported veterans. They took a tour of the center and listened to veterans’ testimonies.

Andy de Leon, 72, immigrated with his family from Mexico to the Central Valley when he was 12 years old. He enlisted in the U.S. Army during the Vietnam War—serving for 12 years. Depression led de Leon to a life of drugs and incarceration, which evidently resulted in his deportation from the U.S. Hundreds of thousands of people living in Tijuana, Mexico today were deported at some time by the U.S. government. However, according to U.S. Army veteran Hector Barajas, who runs the Deported Veterans Support House, there is no agency that keeps track of how many deported veterans there are.

“What started off as just a request from the Veterans Advisory group wanting to come to support turned into quite a delegation,” said Reyes. “These veterans served our country honorably. They put their life on the line. We are here because we want to see what we could do. We want to be sure that we find a way to one day say, ‘Welcome Home.’”

Felix Peralta Jr. served in the U.S. Army in the early 1980s and was honorably discharged. He was arrested in 1998 for aggravated assault and served three years in prison. He unsuccessfully fought against his deportation and was sent back to Sinaloa, Mexico in 2001.

Peralta admitted he held animosity against the U.S., which resulted in his “downward spiral” into substance abuse. His frustration was amplified when he learned his father passed away and his daughter committed suicide.

“It’s hard to adapt to this life,” said Peralta. “I was living in the streets until I ran into another veteran that brought me to this place. Now I’m doing this rehab, which provides me with my own psychologist to deal with my deportation and my daughter’s death. But life is very difficult here.”

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5.9 - Boulder City Review: [Legion commander touts programs that benefit veterans](#) (21 February, Chuck N. Baker, 7.3k uvm; Boulder, City, NV)

Denise Rohan, the first female national commander of the American Legion (coincidentally sworn in during the group’s national convention in Sparks in 2017), toured Southern Nevada this month. During a visit to Post 40 in Henderson, she said too often individuals think it’s “all bad news” when they hear the name “VA,” short for the Department of Veterans Affairs.

That's an incorrect assumption, she explained.

"The secretary of the VA (David Shulkin) is doing amazing things."

She added that veterans issues are nonpartisan and "lots of bills are being passed" in Washington to help veterans. She also noted that the recently enacted Accountability Act that allows for speedier dismissal of VA employees found to be derelict in their duties has made a major difference in staffing. Although she didn't go into detail, it might seem that those not doing their jobs have been terminated, and employees who have done well continue to do so and perhaps work just a little harder.

Rohan acknowledged that the VA has long had difficulty in attracting doctors and other health care professionals because of lower pay scales.

"I will be testifying in Washington about compensation and will bring up that topic," she said.

An Army veteran, the Iowa native initially attempted to join an American Legion post when she lived in Wisconsin. But she was incorrectly told in 1982 that women could only join the auxiliary. Not knowing that she was eligible to become a full Legion member, she declined the auxiliary offer. She was a veteran and should have been welcomed by the Legion.

Several years earlier she had joined the Army because "I didn't really know what I wanted to do when I grew up." She laughed when she added that after she left the service, "I still didn't know what I wanted to do!"

As time went on she was approached by another Legionnaire who knew the rules, and he asked her to join the organization as a full-fledged member. She became the post commander and then was elected to the adjutant's post. She continued to move up, reaching the peak in 2017 when she was elected national commander.

Rohan was welcomed at Post 40 by local American Legion committeeman Ron Michalski, alternate committeeman Jeanette Rae-Evans and the commander of the Legion's Department of Nevada, Yvette Weigold.

Weigold said is important to get the word out to veterans who are eligible to apply for VA benefits. The Legion supports veteran service officers who provide legal representation to veterans applying for earned benefits. There is no charge for the service.

Also attending was Ruth Taylor, longtime chaplain of the Boulder City Veterans of Foreign Wars, Post 31. She pointed out that at the post, member Joe Rowe sells red "Support Our Troops" T-shirts as a fundraiser to help local veterans.

Also at the event was Nevada Legion Adjutant Lionel Motta, who discussed a new program called "Hear Today, Learn Tomorrow." The program helps elementary school-age children who have hearing problems gain access to medical attention.

Chuck N. Baker is a Purple Heart veteran of the Vietnam War and the host of "That's America to Me" every Sunday at 7 a.m. on 97.1-FM.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WJXX (NBC-25, Video): On Your Side: Military daughter says she drowning in debt due to G.I. Bill technicality - First Coast News first reported on this issue in November, sharing Bigbee's \$50,000 college debt that came when the Army canceled her father's GI bill benefits. (22 February, Julia Jenae, 321k uvm; Jacksonville, FL)

Even the best of checklists fall short.

A military daughter from Jacksonville said she tried to follow an education checklist set by the government. Jordan Bigbee's father, Desmond Watson, said the army promised to pay for his daughter's college, but after 18 years of serving in the U.S. Army, he feels the VA is rescinding that promise.

First Coast News first reported on this issue in November, sharing Bigbee's \$50,000 college debt that came when the Army canceled her father's GI bill benefits.

The cancelation came at a surprise because Watson's honorable discharge was involuntary. Military paperwork showed Watson had six more months of service obligation to complete when he was notified the military would be cutting him from the force. The three previous years of education benefits the VA paid to send Bigbee to college were cut as well, leaving the then 21-year-old with a mound of unexpected debt.

After the initial story aired, responses on social media suggested Bigbee was not alone.

Several comments came from those claiming an education benefit they thought was guaranteed through the military disappeared due to technicalities.

"To hear the government not have your back like you've had theirs is hurtful," Bigbee said of her father's military service. "I wasn't able to finish. I was actually two classes away from my AA degree."

Bigbee never returned to finish college and has been fighting along with her father to clear her credit.

"You want to help your children any way you can, you want to be able to protect them," Watson said. "It's frustrating. I do believe this can be fixed. I do believe this can be made right."

The initial response from the VA seemed to give a checklist of its own.

Terry Jamison with Veterans Benefits Administration said in a November 9 statement that a dependent would not be responsible to repay the educational assistance benefits that were transferred by a Veteran who is: 1) involuntarily discharged; 2) honorably discharged; and 3) discharged during a reduction in force.

Watson appeared to fit the three-point profile. He confirmed he never wanted to voluntarily leave a career that meant so much to him. His DD-214 confirms his discharge was honorable and it came at a time when nationally 40,000 troops were being cut as part of a force reduction initiative.

However, in a second response from the VA submitted to our sister station, WUSA9, press secretary Curt Cashour suggested Watson's discharge was not part of the official reduction in force. Cashour reiterated Watson's discharge did not meet the exception to their repayment policy.

"To say that you just kicked him out to kick him out, that's not the truth," Bigbee said.

Watson also disagreed with the VA's statement to media. He acknowledged a reprimand existed on his file from 2010 when he was pulled over for a driving infraction and charged with careless and imprudent driving. After the negative mark, he said he was deployed on two more tours and received good conduct medals and a top secret clearance. He was also given no guidance about the reprimand's possible impact two years later in 2012 when he transferred his G.I. bill to Bigbee, allowing her to begin receiving thousands of dollars in benefits.

At the time of his discharge in 2015, he was aware service members with negative marks would be considered first for personnel cuts. However, Watson told First Coast News his understanding from superiors was that he was being considered for separation as a result of force reshaping.

Army service document creates confusion

With the VA's new response that Watson's honorable discharge was a firing instead of a layoff, the case seemed to be closed. But a document in Watson's own personnel file would raise more questions.

A statement of service on Department of Army letterhead, dated June 2015 lists Watson's type of discharge as a "force reduction" discharge (honorable). The document is signed by Watson's battalion commander.

First Coast News forwarded the document to representatives with the Army and VA but received no response about the contradiction.

"It's been completely different from what they're saying," Bigbee said. "That's the thing with the government, you're never going to have a direct answer."

A public information officer for the Army said Wednesday they could not discuss the specifics due to privacy concerns, and failed to respond to whether Watson could sign a release for the information.

According to military policy, a service member will incur overpayment debt for outstanding benefits if the discharge is due to the quality management program and not part of a force reshaping initiative. No options are available for prorated repayment for those, like Watson, who complete a substantial portion of their obligation.

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7.2 - The Daily News: [National cemetery in Pembroke closer to reality](#) (21 February, Brian Quinn, 192k uvm; Batavia, NY)

The Department of Veterans Affairs (VA) has the land it needs to build a national cemetery near Route 77 in Pembroke. Genesee County's Veterans Service Agency director and the seller of one of the parcels purchased for the project say they're looking forward to the project being completed.

Sen. Charles Schumer announced Tuesday that the U.S. Department of Veterans Affairs (VA) has completed the final acquisitions of an additional 60-acre parcel and a 77-acre parcel that are required in order for the VA to construct the new Western New York National Veterans Cemetery.

William Joyce, director of the Genesee County Veterans Service Agency, said he heard over the weekend that the parcels had been acquired.

"They'd (the VA) like to have construction this year and like to start receiving remains and cremains in 2019. They've never flexed from what they wanted. They always wanted 2019 as their target date," he said.

Joyce noted there will be about 270 acres of land available for the cemetery and said he hopes the VA will be able to continue on with the construction timeline. He said there are veterans who have passed away whose final wishes are to be buried in a national cemetery.

"I've also handed out the pre-need applications to a lot of the veterans and their families. You can put the national cemetery on (the application), not only this national cemetery, but across the (United States). The VA checks that out to see if they are authorized for burial in a national cemetery," Joyce said. "I let the veterans and their families know they are available. I placed them on my webpage (the county Veterans Service Agency page) ... so if they're interested, they can fill them out themselves."

Joyce said he planned to send an e-mail to veterans' organizations in the county to inform them the purchase of the parcels has been finalized.

"That's why I try to keep on top of it, being the county Veterans Service Agency (director), I want to make sure I get as much information out (as is available)."

The Veterans Service Agency director said this is the best site of three sites considered for a national cemetery.

"It's a great point to achieve at this time. It's been a long time coming," he said. "Plus the proximity to the New York State Thruway — for the Western New York families, if you're coming from Buffalo, instead of coming from (routes) 5 and 33, you could take the Thruway."

Duane Schmigel of Corfu, who owned the 77-acre parcel, said he wasn't in touch directly with the VA, but with a realtor, during the process leading up to the sale. He declined to say how much he sold the parcel for, but said it was similar to the assessed value of the land.

"In general I feel the amount's not as important as the need to build a national cemetery in Western New York," he said. Schmigel estimated it was about four years from the time discussions with him began to when the purchase of the parcel by the VA was finalized.

"There was no bickering about it. There was no holdup as far as the amount goes," he said.

Schmigel said before the sale, he was using the parcel as farmland.

"In general, my crops were harvested in the fall. I didn't plant any fall crops that would be overwintered into spring," he said. "I still have farmland in that area. I would say about 80 acres, roughly."

"I never subdivided it off or anything like that. I tried to keep it as a whole parcel," he said of the 77 acres. "In this case the VA cemetery had a need for it and I felt I accomplished what I needed to accomplish by keeping it open and available and not subdividing it into a lot of houses."

Schumer said now it is vital the VA begin the cemetery's construction.

"I applaud the Department of Veterans Affairs for overcoming this last impediment and acquiring these two land parcels," Schumer said in a press release Tuesday. "With this final hurdle cleared, I urge the VA to stick to a swift construction timetable and take the steps to begin the Western New York Veterans Cemetery construction this year.

"Making this cemetery a reality has been one of my top priorities, and now the VA has a clear path to begin construction. I am elated the VA heeded my calls and I look forward to seeing this project come to fruition. This cemetery's construction guarantees Western New York's veterans will have the proper burial at a site close to the homes, families, and the very communities they dedicated their lives to defend and serve."

Previously, the VA purchased a 132-acre site bordering on Indian Falls Road and State Route 77 in the Town of Pembroke as the site of the new veterans' cemetery but required these two additional parcels before construction could begin.

Schumer said the new cemetery design calls for the main entrance to be built through this 60-acre parcel of land so that veterans, their families and cemetery visitors can access the cemetery from Indian Falls Road, rather than via the busy State Route 77 corridor. Schumer said both parcels are located adjacent to the existing 132-acre cemetery site that was purchased by the VA in 2014.

The VA said last year that before it could acquire these two parcels, a buried gas line that traversed the 60-acre and 77-acre parcels needed to be plugged and then relocated. The VA aimed to begin construction approximately six months after purchase of the land, followed by the opening of the early turnover area for burials a year later, in 2019.

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8. [Other](#)

8.1 - ABC News (AP): [Oversight committee wants to look at Pruitt's travel records](#) (22 February, Michael Biesecker, 24M uvm; Washington, DC)

A Republican-led congressional committee is demanding records related to premium-class flights taken by Environmental Protection Agency chief Scott Pruitt.

House Oversight Chairman Trey Gowdy issued a letter to Pruitt this week seeking an accounting of all flights taken by the EPA administrator over the last year and whether the ticket was coach, business or first class. Pruitt defended his use of premium-class airfare in media interviews earlier this month, saying security concerns were raised after unpleasant interactions with other passengers.

The South Carolina Republican's letter sent Tuesday specifically cites the evolving explanations of EPA spokesman Jahan Wilcox, who initially told reporters that Pruitt had a "blanket waiver" to fly first class before then saying separate waiver had been granted by ethics officials for each flight. Federal employees are typically supposed to fly coach, and travel rules such bar blanket waivers.

"We will respond to Chairman Gowdy through the proper channel," Wilcox said Wednesday.

Pruitt, the former GOP attorney general of Oklahoma, has been under increasing scrutiny for his jet setting since his appointment by President Donald Trump last year. Records show Pruitt's airfare is often several times more expensive than that of aides booked on the same flights.

Gowdy's letter says the requested records are to be provided to his committee by March 6.

"Federal regulations require government travelers to obtain approval or authorization from their agency to use accommodations other than coach-class when traveling on official business," Gowdy wrote. "Clearly, federal regulations prohibit a blanket waiver to fly first class except to accommodate disabilities or special needs."

Pruitt said earlier this month he had some "incidents" on flights that necessitated his need for first-class seats. EPA has refused requests from The Associated Press to provide details of those incidents.

"We live in a very toxic environment politically, particularly around issues of the environment," Pruitt said in an interview with a New Hampshire newspaper. "We've reached the point where there's not much civility in the marketplace and it's created, you know, it's created some issues and the (security) detail, the level of protection is determined by the level of threat."

Pruitt is the first EPA administrator to have a 24-hour security detail, even inside the agency's secured headquarters in Washington. He has also taken other security precautions, including the addition of a \$25,000 soundproof "privacy booth" inside his office to prevent eavesdropping on his phone calls and spending \$3,000 to have his office swept for hidden listening devices.

Pruitt has denied he played any role in purchasing the premium-class tickets, saying his chief of staff and EPA security had made those decisions.

Federal regulations allow government travelers to fly business class or first class when no cheaper options are "reasonably available" or if there are exceptional security circumstances.

However, past federal audits have found that those rules have been routinely violated by high-ranking government officials under both Republican and Democratic administrations.

Pruitt's frequent government-funded travel, which records show has often included weekend layovers in his home state of Oklahoma, is already under review by EPA's internal watchdog.

The use of luxury air travel by members of Trump's Cabinet has been attracting attention for months. Health and Human Services Secretary Tom Price was forced to resign in September following media reports he spent at least \$400,000 in taxpayer funds on private jets for himself and his staff.

A report recently released by the inspector general at the Department of Veterans Affairs found that Secretary David Shulkin and his staff made "false representations" to justify his wife accompanying him at taxpayer expense on an 11-day European trip that mixed business and sightseeing.

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8.2 - WDBJ (CBS-7): [Danville Fire Department investigating a suspicious package sent to VA clinic](#) (21 February, Caslee Sims, 833k uvm; Roanoke, VA)

The Danville Fire Department recovered a suspicious package sent to the Danville Veterans Affairs Community Based Outpatient Clinic.

According to the Danville Fire Department, a report came in at 3:09 pm. for a suspicious package sent to 705 Piney Forest Road. Firefighters and Hazmat crews along with Danville Police and Virginia State Police responded and evacuated all occupants of the facility.

Authorities say the incident lasted approximately two-and-a-half hours and there were no injuries reported.

The package, which contained unknown contents has been turned over to Virginia State Police.

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8.3 - Danville Register and Bee: [Employees treated after coming in contact with suspicious package; investigation continues](#) (21 February, Trevor Metcalfe, 79k uvm; Danville, VA)

Authorities are investigating after they report a suspicious package was delivered through the mail to the Department of Veterans Affairs Community Based Outpatient Clinic on Wednesday afternoon in Danville.

Officials would not provide details on what was inside the package that caused the clinic to notify emergency personnel.

More than a dozen police, fire and rescue vehicles dotted the parking lot of the clinic at 705 Piney Forest Road that was wrapped with yellow crime scene tape.

Danville Fire Department Assistant Chief Steve Dishman said emergency workers responded to a call from the clinic about a suspicious package around 3:30 p.m. Crews arrived and treated three or four VA employees who had come into contact with it.

“Because we don’t know anything else, this is kind of the standard response for anything suspicious,” Dishman said.

Dishman said the package was delivered through the United States Postal Service and was sealed inside a separate container. He didn’t think there was a potential for the material to leak into the air, but could not provide further information about the contents of the container.

Virginia State Police Sgt. D.W. Gott said his agency would transport the package to an evidence lab for testing.

“We’ll have the package analyzed, then we’ll continue the investigation,” Gott said.

No one appeared to be injured from the package, but Dishman said crews were still checking the vital signs of those who came into contact with it.

“That’s routine procedure for anybody that’s been close to the area,” Dishman said.

At the scene, police blocked off the entrance to the clinic, which is in the Piney Forest Shopping Center with the Save-A-Lot grocery store and other shops.

Danville Life Saving Crew members helped VA staff with medical attention, taking their vital signs and helping them apply a cleaning liquid.

Other clinic staff stood outside, calling people on their cellphones and talking with one another.

After examining clinic staff, most were allowed to leave the scene. Staff members said they were instructed not to speak about incident.

The facility functions as a primary care clinic providing preventive health screenings and mental health services, according to its website.

“Due to the nature of it, we can’t give a statement yet,” said clinic operations director Kathy Dalton.

Later on in the afternoon, two men in hazardous material suits entered the building, and then a few VA staff members were allowed back inside before leaving the scene.

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Veterans Affairs Media Summary and News Clips

22 February 2018

1. [Top Stories](#)

1.1 - Washington Post: [White House intends to meet with leading veterans groups amid drama at VA](#) (21 February, Emily Wax-Thibodeaux, 43.9M uvm; Washington, DC)

White House Chief of Staff John F. Kelly intends to meet with the nation's leading veterans advocates next week amid ongoing anxiety that there is a desire by some of President Trump's political appointees to oust Veterans Affairs Secretary David Shulkin, according to people familiar with the matter. The impending White House meeting follows a private gathering Tuesday of the top officials from 12 veterans service organizations (VSOs), including the American Legion, VFW and Disabled Veterans of America.

[Hyperlink to Above](#)

1.2 - NPR (Audio): [Veterans Affairs Secretary Responds To Criticism For Travel Expenses](#) (21 February, Quil Lawrence, 21.9M uvm; Washington, DC)

Veterans Affairs Secretary David Shulkin is being criticized for charging his wife's travel to the government when she accompanied him to Europe. Shulkin says he complied with all ethics guidelines, but his chief of staff, also criticized for her role in arranging the trip, has announced her retirement.

[Hyperlink to Above](#)

1.3 - Military.com: [Shulkin Claims Mandate from White House to Purge Plotters at VA](#) (21 February, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans affairs became the department of intrigue Wednesday as Secretary Dr. David Shulkin claimed a White House mandate to purge those plotting against him at the agency. In phone calls to several news outlets, Shulkin said he would be staying in the job despite the uproar over his travel expenses and now had administration approval to clean house of insiders at the VA who sought to take him down.

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1.4 - Military Times: [Trump nominates former Army captain as new top benefits official for VA](#) (22 February, Leo Shane III, 2.1M uvm; Springfield, VA)

After a nearly two-and-a-half-year wait, the Veterans Benefits Administration is poised to get a new permanent leader. President Donald Trump on Wednesday nominated Army veteran Paul Lawrence as the next under secretary of Veterans Affairs for benefits, a post that has been manned by a series of acting officials since Allison Hickey stepped down from the job in October 2015.

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1.5 - Military Times: [VA secretary's job appears safe, for now](#) (21 February, Leo Shane III, 2.1M uvm; Springfield, VA)

For now, the coup attempt at the Department of Veterans Affairs appears over. Veterans groups are receiving assurances from administration officials that VA Secretary David Shulkin's job is not in jeopardy following an explosive inspector general's report one week ago and a subsequent revolt from political appointees within his department.

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2. Greater Choice for Veterans

2.1 - The Journal Gazette: VA makes local addition priority - 'West Tower' 8th on '19 budget list (22 February, Brian Francisco, 797k uvm; Fort Wayne, IN)

A Fort Wayne building addition is among the highest-priority construction projects for the U.S. Department of Veterans Affairs. VA's proposed budget for fiscal year 2019 ranks the construction of a "West Tower" at the Fort Wayne VA Medical Center as No. 8 on its list of 431 strategic capital investments.

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3. Modernize Our System

3.1 - GovLoop: Former VA CIO Reflects On Tenure, Shares It Trends (20 February, Joe Antoshak, 137k uvm; Washington, DC)

As the former chief information officer at the VA — from July 2015 to January 2017 — LaVerne Council knows just how difficult that job is. The department's IT organization is one of the largest and most complex in the country, which makes strong leadership even more critical to mission success.

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3.2 - FedTech: Eye-Tracking Tech Delivers New Insights to TSA, NOAA and the VA - New forms of biometric tracking technology can help agencies better understand how users are directing their attention. (21 February, Carolyn Shapiro, 33k uvm; Vernon Hills, IL)

Researchers with the Department of Veterans Affairs found that eye tracking could identify brain injury by assessing patients' eye movements during a short film. Swelling in an injured brain can cause abnormal eye movement. "Eye tracking enables us to detect brain injury that was previously not detectable," says Dr. Uzma Samadani, head of traumatic brain injury research at Hennepin County Medical Center in Minnesota.

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4. Focus Resources More Efficiently

4.1 - Washington Post: The Daily 202: Jury still out on Trump's seriousness about banning bump stocks, improving background checks after Florida massacre (21

February, James Hohmann, 43.9M uvm; Washington, DC)

White House officials have told VA Secretary David Shulkin that his job is safe, indicating to him that Trump has decided to "stomach" the story about Shulkin's 10-day, taxpayer-funded trip to Europe. Emily Wax-Thibodeaux, Lisa Rein and Josh Dawsey report: "The president's decision was communicated to Shulkin by [John Kelly] ... Trump 'personally likes Shulkin,' the official said, cautioning, however, that 'if other stuff comes out, this could change, but for now, he's safe.'

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4.2 - Politico: [Shulkin wins internal struggle](#) (21 February, Darius Tahir, 23.9M uvm; Arlington, VA)

VA secretary David Shulkin has won his internal struggle with conservative critics of the department's policy direction, he tells our colleague Arthur Allen. Shulkin's tenure had become bedeviled by a travel imbroglio and conservative underlings who wanted to privatize veterans' benefits.

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4.3 - Salon: [VA Secretary David Shulkin has green light to purge dissident staffers: report - The investigation will be led by Shulkin's new chief of staff Peter O'Rourke, according to the report](#) (21 February, Nicole Karlis, 23.9M uvm; San Francisco, CA)

Veterans Affairs Secretary David Shulkin has reportedly received a stamp of approval from the White House to dismiss employees who may be associated with an "internal rebellion," Politico reports. The dirty work of firing dissenters — which the agency is calling a "subversion" investigation — will be helmed by Shulkin's new chief of staff Peter O'Rourke. Shulkin told Politico that O'Rourke is meeting with staffers "individually and as a group to determine...

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4.4 - Newsweek (Video): [Trump White House Gives VA Head Permission To Purge 'Subversive' Staff, Shulkin Says](#) (21 February, Greg Price, 9.4M uvm; New York, NY)

Embattled Veteran Affairs Secretary David Shulkin has said he was granted permission by the White House to purge his agency of any employees who have undermined him, all while the secretary deals with backlash from his recent travel scandal. Shulkin, the sole Cabinet-level holdover from the Obama administration, was investigating VA personnel for "subversion" of his authority...

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4.5 - Pittsburgh Tribune-Review: [Judge drops charges against Veterans Affairs nurse accused of spying on Pitt students](#) (21 February, Megan Guza, 1.5M uvm; Pittsburgh, PA)

Charges were dropped Wednesday against a former Veterans Pittsburgh Healthcare System nurse accused of using a spotting scope to spy on University of Pittsburgh students last year. Paul May, 56, of Lawrence County's Enon Valley, was charged in November with loitering and prowling, possessing instruments of crime and invasion of privacy after VA police spotted May in an SUV in the Oakland parking garage looking into dormitory windows with the scope.

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4.6 - The Gazette: [VA Chief of Staff steps down following inspector general investigation](#) (21 February, Tony Peck, 870k uvm; Colorado Springs, CO)

Department of Veteran Affairs Chief of Staff Vivieca Wright Simpson retired on Friday following the release of last weeks inspector general report, according to an agency statement. The report, issued Feb. 14, investigated an 11-day trip to Europe made by several Veteran Affairs officials last July. The trip included Secretary David Shulkin, his wife and Wright Simpson.

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4.7 - The Gazette: [Veterans' health care, national cemetery focus of Colorado Springs town hall](#) (21 February, Tony Peck, 870k uvm; Colorado Springs, CO)

The Department of Veterans Affairs' continuing struggles to eliminate wait times and meet demands for mental health care were discussed at a town hall in Colorado Springs Wednesday night. The town was hosted by Concerned Veterans for America and U.S. Rep. Doug Lamborn. Central to the discussion was Lamborn's "Veterans Empowerment Act," introduced to the U.S. House of Representatives in November.

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4.8 - WFED (AM-1500, Audio): [Justice Department sets up new Cyber-Digital Task Force](#) (21 February, Eric White, 831k uvm; Washington, DC)

Veterans Affairs Secretary David Shulkin said he has no intention of quitting. The big six veterans service organizations have now offered their support for Shulkin. The Disabled American Veterans, Paralyzed Veterans of America, Veterans of Foreign Wars, and Vietnam Veterans of America join AM-VETS and the American Legion in offering their support of the secretary.

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4.9 - Judicial Watch Blog: [VA Secretary's Chief of Staff Embroiled in Another Cover-Up Scandal](#) (21 February, 297k uvm; Washington, DC)

One of the high-ranking Veteran Administration (VA) officials who misled the agency's secretary about the prosecution of an elderly Army vet made false claims and altered an official record in a separate case. Her name is Vivieca Wright and she is the chief of staff to VA Secretary David J. Shulkin. Last week Judicial Watch obtained records showing that Wright and others in Shulkin's inner circle lied to him about a federal case...

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4.10 - Fierce Healthcare: [Veterans groups rally around VA Secretary David Shulkin in wake of ethics violation, internal turmoil within agency](#) (21 February, Ilene MacDonald, 141k uvm; Washington, DC)

Veterans groups say Veterans Affairs Secretary David Shulkin, M.D., has their full support, despite allegations that he and his staff misused taxpayers' money to pay for a European trip and amid reports that political appointees within the agency may be trying to push him out. Last week, Shulkin faced a tough VA Office of Inspector General report that slammed him for using taxpayer money to travel to Denmark and London...

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4.11 - Task & Purpose: [Here's Why Veterans Groups Are Circling The Wagons Around Embattled VA Secretary Shulkin](#) (21 February, James Clark, 102k uvm; New York, NY)

Leading veterans service organizations met Tuesday to mount a joint response in the face of a troubling inspector general report alleging "serious derelictions" in expensing on the part of the Veterans Affairs Secretary David Shulkin and his top staff during a Europe trip last July, multiple sources told Task & Purpose.

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4.12 - KFBB (ABC-5): [VA says staff numbers are normal, despite rumors.](#) (21 February, Bliss Zechman, 43k uvm; Black Eagle, MT)

We received a tip and multiple comments from our viewers that the VA Hospital in Helena was losing the majority of its staff. Despite losing a few doctors recently, administrators at the hospital say those rumors are not true. The VA is required to have about 37 full-time providers. They currently have 33. However, there are only two vacant positions without known replacements.

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4.13 - ConnectingVets: [VA Secretary to keep his job](#) (21 February, Caitlin M. Kenney, 24k uvm; New York, NY)

A Secretary David Shulkin reportedly will be keeping his job and the American Legion is confident in Shulkin's support for veterans. The American Legion's Executive Director Verna Jones told reporters Wednesday that she had been told by a credible source that it had been decided that Shulkin was going to stay.

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5. [Improve Timeliness of Service](#)

5.1 - KETV (ABC-7, Video): [Veterans reduce pain medication through massage](#) (21 February, Sarah Fili, 1.1M uvm; Omaha, NE)

Many veterans struggle with pain. Some from war-related injuries, others, from the wear and tear of combat training. Many are searching for answers outside the doctor's office and away from medication. A massage is supposed to be relaxing, but for Marine veterans like Jeremy Stone, it's a sensitive subject.

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5.2 - WGCL (CBS-46, Video): [Veteran still waiting to get approved for disability 24 years later](#) (21 February, Natalie Rubino, 587k uvm; Atlanta, GA)

Terria Clark joined the army right out of high school. She fought for three months in Desert Storm but her most scarring battle happened on American soil when a Sergeant called her into his office. "I wanted to be a career soldier," said Clark. "As I was going into the office, he was behind me and the door closed and the light went off and he had me on the desk."

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5.3 - KKTV (CBS-11, Video): [11 Call For Action Investigates: VA cancels surgery for legally blind veteran](#) (21 February, Katie Pelton, 313k uvm; Colorado Springs, CO)

A veteran, fighting to see again. Danny Webster talks with 11 Call for Action Reporter Katie Pelton. Danny Webster was supposed to get eye surgery to fix his eyesight. Without the surgery, he says he's legally blind.

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5.4 - The News-Review: [Concerns raised about former Roseburg VA surgery chief's colonoscopies at Michigan VA](#) (21 February, Carisa Cegavske, 160k uvm; Roseburg, OR)

Before former Chief of Surgery Dinesh Ranjan became a focal point for controversy at the Roseburg Veterans Affairs Medical Center, he worked at the Iron Mountain VA, in Michigan's

rural Upper Peninsula. Independent investigators recently raised concerns about colonoscopies performed by Ranjan and other doctors there, the Iron Mountain Daily News reported last week.

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5.5 - Wisconsin Public Radio: [New Study Looks Into Impact Of Fish Oil On Alzheimer's Risk Among Veterans - Veterans Have Higher Risk Of Developing The Disease](#) (20

February, Mary Kate McCoy, 151k uvm; Madison, WI)

A new study is looking into whether fish oil supplements can slow down – or prevent – the onset of Alzheimer's disease in older veterans. The study is focusing on veterans because those who are eligible for Veterans Affairs services have a higher risk for developing dementia, according to Dr. Cindy Carlsson, leader of the study and geriatrics provider at the William S. Middleton Memorial Veterans Hospital in Madison.

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5.6 - WSEE (CBS-12, Video): [Erie VA Medical Launching Whole Health Program](#) (21

February, Lisa Adams, 146k uvm; Erie, PA)

Marguerite Evanoff-Jurkovic, D.O, is the Whole Health Program Director. She said the program is meant to complement traditional medicine. "What we're trying to do is move our patients away from being a disease-based approach to medicine and trying to shift to patient-centered care, where we try to establish the patient's goals and how we can use those goals to help lead a patient to a more healthful lifestyle."

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5.7 - KECI (NBC-13): [VA addresses concerns over primary care shortage](#) (21 February, McKayla Haack, 27k uvm; Missoula, MT)

Some veterans are saying there isn't enough staff at the Missoula Veterans Affairs clinic, but officials say that's not the case. Terrance Walleser is a Vietnam veteran. He was a C-130 mechanic and OV-10 mechanic. Today he lives in Ravalli and goes to the Missoula VA clinic every six months for a checkup, but he says this time was different.

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5.8 - Inland Empire Community News: [Deported veterans continue to struggle on other side of border](#) (21 February, Anthony Victoria, 15k uvm; San Bernardino, CA)

A clean cut U.S. Marine stood alongside fellow veterans at the Deported Veterans Support House last December to welcome a recent delegation of state and federal legislators. Jose Luis Alvarez, with his perfect English and stoic physical presence, appears as American as any proud veteran. Except, he's not. He's a Mexican national whose world was turned upside down a month ago when he was given deportation orders.

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5.9 - Boulder City Review: [Legion commander touts programs that benefit veterans](#) (21

February, Chuck N. Baker, 7.3k uvm; Boulder, City, NV)

Denise Rohan, the first female national commander of the American Legion (coincidentally sworn in during the group's national convention in Sparks in 2017), toured Southern Nevada this month. During a visit to Post 40 in Henderson, she said too often individuals think it's "all bad news" when they hear the name "VA," short for the Department of Veterans Affairs.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WJXX (NBC-25, Video): [On Your Side: Military daughter says she drowning in debt due to G.I. Bill technicality - First Coast News first reported on this issue in November, sharing Bigbee's \\$50,000 college debt that came when the Army canceled her father's GI bill benefits.](#) (22 February, Julia Jenae, 321k uvm; Jacksonville, FL)

A military daughter from Jacksonville said she tried to follow an education checklist set by the government. Jordan Bigbee's father, Desmond Watson, said the army promised to pay for his daughter's college, but after 18 years of serving in the U.S. Army, he feels the VA is rescinding that promise.

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7.2 - The Daily News: [National cemetery in Pembroke closer to reality](#) (21 February, Brian Quinn, 192k uvm; Batavia, NY)

The Department of Veterans Affairs (VA) has the land it needs to build a national cemetery near Route 77 in Pembroke. Genesee County's Veterans Service Agency director and the seller of one of the parcels purchased for the project say they're looking forward to the project being completed. Sen. Charles Schumer announced Tuesday that the U.S. Department of Veterans Affairs (VA) has completed the final acquisitions of an additional 60-acre parcel...

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[1. Top Stories](#)

1.1 - Washington Post: [White House intends to meet with leading veterans groups amid drama at VA](#) (21 February, Emily Wax-Thibodeaux, 43.9M uvm; Washington, DC)

White House Chief of Staff John F. Kelly intends to meet with the nation's leading veterans advocates next week amid ongoing anxiety that there is a desire by some of President Trump's political appointees to oust Veterans Affairs Secretary David Shulkin, according to people familiar with the matter.

The impending White House meeting follows a private gathering Tuesday of the top officials from 12 veterans service organizations (VSOs), including the American Legion, VFW and Disabled Veterans of America. These groups represent millions of former service members and their families, forming one of Trump's core constituencies.

"At one point ... cellphones started ringing and the directors of AMVETS, Legion, VFW and DAV politely excused themselves almost simultaneously to take the calls," said one person familiar with the gathering. "Each of these calls came from White House meeting schedulers to establish an appointment for VSOs to meet together" with Kelly.

Kelly, a retired Marine Corps general, has told Shulkin to stop the drama and infighting at VA. The White House did not respond to messages seeking details about his objectives for next week's meeting.

Kelly's offer to host the meeting comes as the troubled agency has weathered weeks of negative publicity.

Shulkin, the only Obama-era holdover in Trump's Cabinet, was accused along with a senior staff member of misleading the agency's ethics office about a taxpayer-funded trip to Europe last year. He maintains he did nothing improper by having his wife join him and accepting complimentary tickets to a professional tennis match in London. The staffer, Shulkin's former chief of staff, was replaced last week after announcing her retirement.

White House officials have told Shulkin his job is safe despite the allegations, which were outlined in a report released last week by VA's inspector general.

The veterans organizations met Tuesday with hopes of forming a united front and to brainstorm strategies for pushing back against the Trump appointees who seem, in their view, overly focused on outsourcing veterans health care. Of principal concern is what they've characterized as the outsize influence of a conservative group, Concerned Veterans of America, that advocates expanding options beyond VA.

CVA is backed by Charles and David Koch, billionaires with a deep interest in rolling back government bureaucracy. The group has been one of VA's most vocal critics since the agency's 2014 wait-time scandal was exposed. Its profile has grown during the Trump administration, with one of its former senior advisers, Darin Selnick, now serving as veteran affairs adviser inside the White House.

Dan Caldwell, CVA's director of policy, said it has not proposed the wholesale transfer of VA's services to the private sector. "What we support is giving veterans the choice to access care in the community if they feel the VA isn't the best option for them," he added.

Veterans service organizations say they support Shulkin because they see him as a stopgap, someone who can prevent sending more care outside the VA hospital system.

Lisa Rein contributed to this report.

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1.2 - NPR (Audio): [Veterans Affairs Secretary Responds To Criticism For Travel Expenses](#)
(21 February, Quil Lawrence, 21.9M uvm; Washington, DC)

Veterans Affairs Secretary David Shulkin is being criticized for charging his wife's travel to the government when she accompanied him to Europe. Shulkin says he complied with all ethics guidelines, but his chief of staff, also criticized for her role in arranging the trip, has announced her retirement.

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1.3 - Military.com: [Shulkin Claims Mandate from White House to Purge Plotters at VA](#) (21 February, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans affairs became the department of intrigue Wednesday as Secretary Dr. David Shulkin claimed a White House mandate to purge those plotting against him at the agency.

In phone calls to several news outlets, Shulkin said he would be staying in the job despite the uproar over his travel expenses and now had administration approval to clean house of insiders at the VA who sought to take him down.

Shulkin told Politico he was the victim of "subversion" from within, and issued a warning that "Those who crossed the line in the past are going to have to be accountable for those decisions."

He claimed he had been caught up in a "classic power struggle" against unnamed political appointees who were upset that he had proven to be "a secretary who'd been working effectively in a bipartisan way."

Shulkin's job appeared to be in jeopardy last week with the release of a damning travel expenses report from VA Inspector General Michael Missal charging that Shulkin improperly was reimbursed for the \$4,132 airfare of his wife on a trip to Denmark and London last July.

The IG's report also said that Shulkin wrongly received free tickets to the Wimbledon tennis tournament finals from a British veterans advocate.

Shulkin initially put out a defiant statement saying he had been falsely accused, but that statement was quickly taken down and replaced with one in which he accepted responsibility.

He said he has already written a check to pay back the Treasury.

Shulkin was summoned to the White House last week to meet with Chief of Staff John Kelly following the release of the IG's report, and he met with Kelly again Tuesday.

Following the second meeting, Shulkin told CNN that he would be staying on at the VA. "I'm the secretary and we're moving forward in the way that the President wants us to," he said.

Shulkin was vague on who might be behind the plot against him but said there "have been different people with agendas different than the one that I have and that has to stop."

He said that his new chief of staff, Peter O'Rourke, a former Trump campaign aide who was head of the new VA Office of Accountability and Whistleblower Protection, would have the main responsibility for weeding out the plotters.

Shulkin said O'Rourke had begun meeting with those suspected of disloyalty "individually and as a group to determine, now that there is a clear direction where we are going, where people are going to stand."

O'Rourke replaced Vivieca Wright Simpson as chief of staff to Shulkin. She announced her retirement last Friday in the wake of the IG's report.

Shulkin's apparent success in keeping the job came after several Veterans Service Organizations (VSOs) representing millions of vets backed his retention Tuesday.

The VSOs said they were disappointed by the findings of the IG's report but saw Shulkin, the only holdover from the Obama administration in the Trump Cabinet, as a hedge against over reliance on the Veterans Choice Program, which allows vets to opt for private or community care.

The VSOs have consistently warned that the Trump administration's push to expand Choice would eventually lead to the gutting of the VA's health care system, the nation's largest with 170 hospitals and more than 1,200 outpatient facilities serving nine million vets annually.

"While we were disappointed to learn of the recent issue with the Secretary's travel, we believe that the current controversy surrounding the Secretary is part of a larger effort to remove him and install others who would take steps to privatize the services provided to our nation's heroes," Denise Rohan, national commander of the two-million member American Legion, said in a statement.

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1.4 - Military Times: [Trump nominates former Army captain as new top benefits official for VA](#) (22 February, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — After a nearly two-and-a-half-year wait, the Veterans Benefits Administration is poised to get a new permanent leader.

President Donald Trump on Wednesday nominated Army veteran Paul Lawrence as the next under secretary of Veterans Affairs for benefits, a post that has been manned by a series of acting officials since Allison Hickey stepped down from the job in October 2015.

Lawrence is currently a vice president at Kaiser Associates, an international consulting firm, where he specializes in organizational efficiency. For the last three decades he has worked in a variety of accounting firms in roles focused on federal government practices and effectiveness.

He is also an Army Airborne School graduate who left the service at the rank of captain.

Lawrence's nomination was hinted at by VA Secretary David Shulkin last month during congressional testimony, when asked about high-profile positions vacant in his administration.

Shulkin said he expected the benefits nominee to be announced in coming weeks, but could not offer a timeline for when a nominee for the under secretary of Veterans Affairs for health — his old job — would be made public.

The nomination comes amid scandal and turmoil at VA, following the release of a critical inspector general's report alleging multiple improprieties related to a overseas trip last July. Since then, Shulkin has spoken out about internal strife within the department, indicating that high-level firings for insubordination could be coming soon.

How long Lawrence's confirmation process may take is unclear. Democrats in the Senate have slowed votes on nominees over unrelated political battles with Republicans, drawing criticism from the majority party and the White House.

But lawmakers from both sides have also noted the slow pace of nominations from Trump's administration as a major reason why many senior agency posts remain unfilled.

In 2016, Lawrence co-authored a report for Kaiser Associates titled "The Onboarding of New Political Appointees" in which the firm noted a lack of "organized, sustained efforts" to help new federal nominees better begin their new roles in government.

If confirmed, he'll take over that responsibility for an agency of nearly 30,000 employees charged with handling an array of veterans benefits, including disability payouts and education funds.

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1.5 - Military Times: [VA secretary's job appears safe, for now](#) (21 February, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — For now, the coup attempt at the Department of Veterans Affairs appears over.

Veterans groups are receiving assurances from administration officials that VA Secretary David Shulkin's job is not in jeopardy following an explosive inspector general's report one week ago and a subsequent revolt from political appointees within his department.

White House officials have not offered formal comment on the matter beyond White House spokeswoman Sarah Sanders saying on Tuesday that she has no indication that President Donald Trump has lost faith in Shulkin.

In an interview with USA Today after that press conference, Shulkin said he has received assurances that he would remain in his Cabinet post. "I'm the secretary, I'm in charge of carrying out the president's agenda, and that's exactly what we're going to do," he said.

American Legion Executive Director Verna Jones said her organization has been told that Shulkin's job is safe, and her organization is moving ahead under the assumption that they will be working with him as before on policy and legislative issues in the weeks ahead.

"I don't think our confidence in his ability to work on these issues has dropped that much," she told reporters on Wednesday. "There are still some people within VA who don't need to be there, and he will have to deal with that."

Shulkin has said numerous times since the release of the report that he has concerns with individuals within his department who are not focused "on the best interests of veterans," and promised to address those issues.

On Tuesday, he told Politico that his new chief of staff, Peter O'Rourke, is conducting interviews with staffers involved in "subversion" at the department to determine what their future is at VA.

The VA secretary has been in a public fight with White House officials and his own communications staff since the inspector general's findings were released. The report accused him of multiple improprieties during an overseas trip last July, including improperly accepting Wimbledon tickets from an English businesswoman and using taxpayer dollars to pay for his wife's airfare.

Shulkin has suggested that his previous chief of staff's emails were hacked as part of the scandal, and had his own statements responding to the allegations removed from the official VA website by his communications staff, at the direction of White House lawyers.

At the same time, an email from White House adviser Jake Leinenkugel surfaced recommending action against several Shulkin confidants to put the secretary "on notice" that he needed to fall in line with other administration officials' priorities.

So far, the only high-level staffing change at the department was the resignation of O'Rourke's predecessor, Vivieca Wright Simpson, who was criticized in the IG report. But outside advocates say they expect more in coming days.

In a statement late last week, House Veterans' Affairs Committee ranking member Tim Walz, D-Minn., blamed the internal divisions on "the Koch brothers and corporate interests at the center of an effort to take over and privatize VA to make money."

Officials at Disabled American Veterans criticized "special interest groups who openly advocate shrinking and dismantling the VA" within Trump's administration and urged lawmakers and the White House to help get rid of those elements within the department.

Shulkin, 59, was among the last nominees for Trump's leadership team at the start of his presidency but also saw the easiest confirmation. No lawmakers on Capitol Hill raised concerns

about the then-VA undersecretary for health, and he was approved by the Senate with a 100-0 vote (a show of support that Trump often invoked in public events with Shulkin.)

Although he was the only holdover in Trump's Cabinet from former President Barack Obama's administration, Shulkin received effusive praise through most of 2017 from the president.

On several occasions Trump invited Shulkin to high-profile events and bill signings to underscore his message of change and progress at VA headquarters. Shulkin briefed reporters in the White House press room directly three times, an unheard of move in the previous administration.

Just last month, Trump lauded Shulkin during an Oval Office ceremony for “the greatest strides ever made at the VA for our veterans, and it’s not even close.”

Shulkin told Military Times last week he is hopeful he can return to that kind of progress in the weeks to come, after putting the travel scandal and other internal conflicts in the past.

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2. Greater Choice for Veterans

2.1 - The Journal Gazette: [VA makes local addition priority - 'West Tower' 8th on '19 budget list](#) (22 February, Brian Francisco, 797k uvm; Fort Wayne, IN)

A Fort Wayne building addition is among the highest-priority construction projects for the U.S. Department of Veterans Affairs.

VA's proposed budget for fiscal year 2019 ranks the construction of a “West Tower” at the Fort Wayne VA Medical Center as No. 8 on its list of 431 strategic capital investments.

The total price tag for the local project is \$17.6 million, with \$1.76 million requested for fiscal 2019.

Tom Blackburn, public affairs officer for the VA Northern Indiana Health Care System, said Wednesday that plans are in the works for a 27,000-square-foot, two-story addition to the southwest side of the main patient building, facing Lake Avenue. The lower floor would be an emergency department, and the upper floor would be for primary care, Blackburn said.

Construction would start in fiscal 2021 and should be completed two years later. Blackburn said the addition would mirror an ongoing construction project on the southeast side, which will add a sterilization processing facility for medical instruments, expected to be finished in June, and primary-care areas, expected to be completed in late 2019 or 2020.

Among 422 non-recurring maintenance projects listed in the budget proposal, the replacement of boilers at the Fort Wayne VA campus ranks 82nd in national priority, at a cost of \$9.9 million. Ranked much lower are a basement remodel, which Blackburn said would provide a radiology suite, and the replacement of underground utilities and parking reconfiguration. Together, they would cost nearly \$8.3 million.

VA's budget requires congressional approval.

A 2015 proposal to build a \$4 million parking garage at the medical center at Randallia and Lake avenues has been abandoned. Blackburn said VA instead seeks to acquire adjacent land for use as surface parking for VA employees.

Ongoing capital improvements at the 68-year-old campus involve converting the hospital into 26 private rooms, remodeling third-floor specialty clinics and replacing and widening sidewalks.

The VA Northern Indiana Health Care System, which also operates a medical center in Marion and smaller outpatient clinics in five cities, is part of the Veterans Integrated Service Network 10, which consists of Ohio, most of Indiana and Michigan's Lower Peninsula.

"The VISN 10 Indiana market is currently outgrowing its capacity," VA's proposed budget states.

"Over the next 20 years, the number of Veteran enrollees in the market is relatively flat, while demand for outpatient services is projected to increase by more than 52%."

The budget lists seven potential future projects, with a combined price tag of \$33.4 million, for the Fort Wayne campus. They include building expansions, renovations and remodeling.

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3. Modernize Our System

3.1 - GovLoop: [Former VA CIO Reflects On Tenure, Shares It Trends](#) (20 February, Joe Antoshak, 137k uvm; Washington, DC)

This Q&A is part of a new GovLoop series called "CIO Conversations." Throughout 2018 we'll feature conversational interviews twice a month with current and former federal, state and local chief information officers to get to know the people behind the titles. You'll learn about the perks and challenges of their job, how they ended up in their current position, what's top of mind for them, how they've rebounded from setbacks and more.

For the tens of millions of veterans here in the United States, a well-functioning Veterans Affairs Department is critical.

As the former chief information officer at the VA — from July 2015 to January 2017 — LaVerne Council knows just how difficult that job is. The department's IT organization is one of the largest and most complex in the country, which makes strong leadership even more critical to mission success.

"The VA is a large organization with an important job, and it has been a march uphill to try to make sure it meets all the stakeholders' needs," Council said. "I really appreciated the folks that got behind my leadership and were willing to try some things different, and then follow through, and then put their own capabilities on top of the team and make it better. It's a great thing as a leader when you can see that happen."

Recently, we chatted to Council, who now works as the National Managing Principal, Enterprise Digital Strategy and Innovation, at Grant Thornton. We talked about her time at the VA and what she thinks of the current landscape of government IT.

GOVLOOP: While you were working as the VA CIO, what were you most excited about? And on the flip side of that, what worried you the most about your job and responsibilities?

COUNCIL: You know, I was excited about making a lasting change. That was a real concern to me. I didn't want to come in, be disruptive, and then leave the team no better than I found it. It was really important that we worked as hard as we did, that we really showed we could make a difference. I was very proud that the team was able to do that.

I tend not to be a worrier, I tend to be a planner. But of course we all worried about the security of our information, the security of veterans' information, ensuring that we had two-factor authentication put in place, which we did implement. We were able to get 85 percent of the population updated to two-factor authentication.

So, if I had a worry, it was that bad people have been trying to do bad things to good people. We had to make sure, with all the outlets and opportunities we had, that we always protected the veterans' health information and their benefits, and their family's benefit and health information, like it was our own. And I took that very seriously.

GOVLOOP: You sound proud of the team you led. Do you feel positive about the direction the team is heading now?

COUNCIL: Oh, most definitely. I think they've been great stewards, wanting to see a difference made for the veteran. I think we learned a lot together about what we have the capacity to do.

I also think people were surprised to see that we could actually do what we said we were doing, in the timeframe that we did it. When that happens, many times you see new leaders pop up, and that's exactly what happened. I saw new leaders come to the forefront, take up the mantle and run with it, because they were empowered to do so, and they had the capability. Those people were quiet giants, and they just do it every day. They just grind to get it right, and that's why they're seeing the fruits of their labor now.

GOVLOOP: Who actually reported to you when you were CIO? What was the makeup of your team?

COUNCIL: Well, when you look at IT, it takes a lot. I added 33 percent more leadership because we had some gaps. And that's a whole other story: How do you add people in the federal government at that rate? But we did.

So reporting to me would be the CFO [chief financial officer], for IT. We also had the head of facilities for IT and all the operations and resources at our facilities reported in [to my office]. All the network telecommunications and people that work within hospitals reported in. We had our architects, security, development, program management office. So the team was quite sizable. The last time I saw the numbers it was something like 6,000 employees, 6,000 contracts.

GOVLOOP: That certainly is sizable.

COUNCIL: And a budget of about \$4.2 billion.

GOVLOOP: Do you have thoughts on how agencies and departments can better utilize their CIOs, or how CIOs can be a little more assertive in the process?

COUNCIL: I was just really thankful to have the business partners I had. And I think that's really a critical factor to the success of any CIO — being able to create that relationship. Because you're not on an island. You're there to help and enable and be a part of the business's success, or whatever service you're trying to enable. And when you're set apart, that's a recipe for disaster.

GOVLOOP: Lastly, speaking of technology today, what IT trends do you think will play the biggest role in government in 2018?

COUNCIL: I think it's going to be a continuation of cloud — using more cloud technology and getting out of the heavy brick and mortar infrastructure. There's such flexibility and opportunity there.

I think people will be moving more and more toward digital solutions and leveraging the internet as a way to share information, use information, and the analytics of information. I also believe that shared services will find its place. It's a tough one in the government because of the size and breadth of what you're trying to do, but it's a great opportunity to leverage some best practices, and to be able to share in that across agencies. So I continue to see those areas grow. No doubt, use of the cloud, comfortability with the cloud, and strong analytics definitely will break through.

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3.2 - FedTech: [Eye-Tracking Tech Delivers New Insights to TSA, NOAA and the VA - New forms of biometric tracking technology can help agencies better understand how users are directing their attention.](#) (21 February, Carolyn Shapiro, 33k uvm; Vernon Hills, IL)

During training, Transportation Security Administration screeners watch images of baggage contents move across a computer monitor — as they do at airport checkpoints — to identify potential threats, such as a knife or explosive detonator.

If the screeners miss something, TSA evaluators have to rely on them to recall where they were looking when the item passed by — but the screeners may not remember.

Now, new eye-tracking technology implemented at eight airports this year gives trainers “the capability to view the previously unobservable,” says Darren Wilson, who oversees the program for the Department of Homeland Security.

Called ScreenADAPT, the new technology monitors screeners as they scan for threats, letting TSA trainers know where the screeners were focused when the potential hazard appeared and helping them determine why it was missed. ScreenADAPT calculates a trainee's errors and adjusts the images to hone those skills.

“The system automatically adapts to see the type of training needed,” Wilson says. “If they miss guns, they're going to see more guns. If they miss knives, they're going to see more knives.”

The tracker, attached to the bottom of a computer monitor, uses a low-frequency beam to capture the image at the back of the eye. It then uploads that information to software that shows where the screener was looking, how long the screener's eye was fixed on any item and how it scanned across the image.

Eye-tracking technology offers a number of valuable uses. Federal agencies are implementing this technology for tasks as diverse as improving healthcare and boosting weather analysis.

A Wide Range of Uses for Eye-Tracking Tech

Such customized training has led to improved performance, Wilson says. One agency study found that screeners trained on the technology identified threats and cleared bags 45 percent faster than with previous programs.

In the National Oceanic and Atmospheric Administration's National Severe Storms Laboratory, researchers added eye tracking to help analyze meteorologists' attention patterns during weather events. The lab's technology sampled 300 eye movements per second, says Katie Wilson, a scientist at the lab's Cooperative Institute for Mesoscale Meteorological Studies.

"When somebody fixates, that's important. That's when somebody is extracting information," she says.

Researchers with the Department of Veterans Affairs found that eye tracking could identify brain injury by assessing patients' eye movements during a short film. Swelling in an injured brain can cause abnormal eye movement.

"Eye tracking enables us to detect brain injury that was previously not detectable," says Dr. Uzma Samadani, head of traumatic brain injury research at Hennepin County Medical Center in Minnesota.

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4. [Focus Resources More Efficiently](#)

4.1 - Washington Post: [The Daily 202: Jury still out on Trump's seriousness about banning bump stocks, improving background checks after Florida massacre](#) (21

February, James Hohmann, 43.9M uvm; Washington, DC)

[...]

TRUMP'S AGENDA:

-- White House officials have told VA Secretary David Shulkin that his job is safe, indicating to him that Trump has decided to "stomach" the story about Shulkin's 10-day, taxpayer-funded trip to Europe. Emily Wax-Thibodeaux, Lisa Rein and Josh Dawsey report: "The president's decision was communicated to Shulkin by [John Kelly] ... Trump 'personally likes Shulkin,' the official said, cautioning, however, that 'if other stuff comes out, this could change, but for now, he's safe.' [Sarah Huckabee Sanders] said Tuesday that she has 'no reason to believe' Trump had lost confidence in Shulkin."

-- Shulkin also said he has received the White House's approval to purge the agency of conservatives who oppose his leadership. Politico's Arthur Allen reports: "The embattled Cabinet head said he'd begun investigating what he called 'subversion' at the agency, and those who have defied his authority 'won't be working in my operation.' Shulkin's new chief of staff, Peter O'Rourke, is meeting with each staffer suspected of defying Shulkin 'individually and as a group to determine, now that there is a clear direction where we are going, where people are going to stand,' he said. 'Those who crossed the line in the past are going to have to be accountable for those decisions.'"

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4.2 - Politico: [Shulkin wins internal struggle](#) (21 February, Darius Tahir, 23.9M uvm; Arlington, VA)

SHULKIN WINS INTERNAL STRUGGLE: VA secretary David Shulkin has won his internal struggle with conservative critics of the department's policy direction, he tells our colleague Arthur Allen. Shulkin's tenure had become bedeviled by a travel imbroglio and conservative underlings who wanted to privatize veterans' benefits.

But the White House has granted Shulkin permission to cashier those critics, should he deem it necessary. The department's new chief of staff is "[meeting] individually [with each suspected critic] and as a group to determine, now that there is a clear direction where we are going, where people are going to stand... Those who crossed the line in the past are going to have to be accountable for those decisions."

— Cerner deal creeps closer: Meanwhile, the Cerner deal is creeping inexorably closer. The independent review of the department's contract with the EHR vendor recommended about 50 small changes to the requirements for the contract. The contract has been changed accordingly, and both sides feel good about those edits, according to a well-placed source who spoke on condition of anonymity.

The analysis, made by contractor MITRE, led to the recommendations, which are geared toward meeting the needs of VA clinicians. They address a lot of the interoperability-related usability features "that irritate EHR users," said the source, such as specifications around reconciling data in the EHR that comes from outside sources.

Department IT officials briefed Hill Veterans Affairs staff on Tuesday on the progress of the Cerner deal, a VA official said. Shulkin told POLITICO late Tuesday that the VA was close to signing the agreement but "not fully there yet." Two other sources had said the deal could be signed as early as next week.

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4.3 - Salon: [VA Secretary David Shulkin has green light to purge dissident staffers: report - The investigation will be led by Shulkin's new chief of staff Peter O'Rourke, according to the report](#) (21 February, Nicole Karlis, 23.9M uvm; San Francisco, CA)

Veterans Affairs Secretary David Shulkin has reportedly received a stamp of approval from the White House to dismiss employees who may be associated with an "internal rebellion," Politico reports. The dirty work of firing dissenters — which the agency is calling a "subversion" investigation — will be helmed by Shulkin's new chief of staff Peter O'Rourke.

Shulkin told Politico that O'Rourke is meeting with staffers "individually and as a group to determine, now that there is a clear direction where we are going, where people are going to stand."

"Those who crossed the line in the past are going to have to be accountable for those decisions," Shulkin told Politico.

The Veterans Affairs office named O'Rourke as the new chief of staff on Friday. He replaced Vivieca Wright Simpson, following an Inspector General (IG) report that accused Simpson of altering an email so that Shulkin's wife, Merle Bari, could legitimately accompany Shulkin on a trip to Europe last summer — and be reimbursed by the government for it. The alleged fabrication happened in an email exchange between a program specialist and Simpson, and was crafted to intimate that Shulkin was going to receive an award in Denmark, which was untrue. Simpson allegedly lied because receiving an award in Denmark would have made Shulkin's wife eligible to join Shulkin's trip on the government's dime.

"The OIG [Office of the Inspector General] found that in order to obtain a favorable decision, Ms. Wright Simpson falsely represented to [Designated Agency Ethics Official Tammy] Kennedy that Secretary Shulkin would receive an award while in Denmark, which Ms. Wright Simpson understood to be the criterion that would justify Dr. Bari's travel at VA expense," the Inspector General's report explains.

The Inspector General report also found that Shulkin improperly accepted Wimbledon tickets in 2017.

Shulkin told Politico that, amid the backlash, the White House has told him to stay "focused on the president's agenda," and the day-to-day agency operations.

"The White House has been clear they want me focused on the president's agenda, and to do that I have to have the authority to be able to run the organization," Shulkin told Politico.

"There's never been any deviation from that."

On the chopping block could be Press Secretary Curt Cashour, according to Politico, which claims Cashour has "openly defied" Shulkin's orders, and has removed statements posted by Shulkin on the VA website.

The Inspector General's report also incited Shulkin's conservative critics outside of the VA office to question his position and moral authority — including Colorado Republican Mike Coffman.

"He's really part of the culture of corruption that too often defines this organization. I just don't think that he has the moral authority to clean it up," Coffman said in a statement.

Following the news of Simpson's departure, Coffman continued to call for Shulkin's resignation.

Shulkin told Politico he didn't understand the rebellion and framed it as a "classic power struggle."

There is little insight into the dismissal process at this time, but Shulkin told Politico he anticipated firings. "I don't think everybody's going to remain at the VA," he said.

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4.4 - Newsweek (Video): [Trump White House Gives VA Head Permission To Purge 'Subversive' Staff, Shulkin Says](#) (21 February, Greg Price, 9.4M uvm; New York, NY)

Embattled Veteran Affairs Secretary David Shulkin has said he was granted permission by the White House to purge his agency of any employees who have undermined him, all while the secretary deals with backlash from his recent travel scandal.

Shulkin, the sole Cabinet-level holdover from the Obama administration, was investigating VA personnel for "subversion" of his authority, he said in an interview with Politico on Tuesday. The former hospital administrator did not expand on how many members of the staff were part of what he called "subversive events" intended to force his departure, but the report claimed some political appointees may have been involved.

"The White House has been clear they want me focused on the president's agenda, and to do that I have to have the authority to be able to run the organization," Shulkin told Politico after meeting with White House chief of staff John Kelly on Tuesday. "There's never been any deviation from that."

Shulkin's newly appointed chief of staff, Peter O'Rourke, is in the process of meeting with staff "individually and as a group to determine now that there is a clear direction where we are going, where people are going to stand," Shulkin added. "Those who crossed the line in the past are going to have to be accountable for those decisions."

Shulkin's former chief of staff, Vivieca Wright Simpson, retired from her post last week after a report from the VA's inspector general said she had falsified an email to have the agency pay for Shulkin's wife to travel with him to Europe last summer.

Shulkin also improperly received tickets to attend the Wimbledon professional tennis tournament in London from a friend, according to the report.

Shulkin has now paid back the funds, and the White House has continued to back him. Fixing and upgrading the VA was a top campaign promise for President Donald Trump. One of the president's initiatives was signing a bill that gave Shulkin greater power to dismiss VA employees and to shorten the appeals process after a firing.

The apparent purge of staff members intent on Shulkin's demise fits his promise to reporters last week after his testimony before the House Veterans' Affairs Committee.

"We need this department to be functioning well," Shulkin said. "Everybody needs to know their job is taking care of veterans. "If that's not the case, we're going to root that out, and we're going to make sure this is a department we're all proud of."

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4.5 - Pittsburgh Tribune-Review: [Judge drops charges against Veterans Affairs nurse accused of spying on Pitt students](#) (21 February, Megan Guza, 1.5M uvm; Pittsburgh, PA)

Charges were dropped Wednesday against a former Veterans Pittsburgh Healthcare System nurse accused of using a spotting scope to spy on University of Pittsburgh students last year.

Paul May, 56, of Lawrence County's Enon Valley, was charged in November with loitering and prowling, possessing instruments of crime and invasion of privacy after VA police spotted May in an SUV in the Oakland parking garage looking into dormitory windows with the scope.

The charges were dropped at the preliminary hearing after Magisterial District Judge James Hanley Jr. said there were no victims, said Mike Manko, spokesman for the District Attorney's Office.

"At this time, we would have no plans to re-file the charges based on the magistrate's ruling that we failed to produce any actual victims," he said.

Police wrote in the criminal complaint that May watched Pitt students who were "in a state of full or partial nudity."

A spokesperson for the VA said May is no longer employed by the hospital system.

At the time of his arrest, the VA said it was taking steps to fire May.

"This behavior is not in line with the norms and values of the VA, and as a result the employee has been suspended from all duties," VA Press Secretary Curt Cashour said in a November statement. "VA has initiated the process for removal from employment right away."

Megan Guza is a Tribune-Review staff writer.

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4.6 - The Gazette: [VA Chief of Staff steps down following inspector general investigation](#) (21 February, Tony Peck, 870k uvm; Colorado Springs, CO)

Department of Veteran Affairs Chief of Staff Vivieca Wright Simpson retired on Friday following the release of last weeks inspector general report, according to an agency statement.

The report, issued Feb. 14, investigated an 11-day trip to Europe made by several Veteran Affairs officials last July. The trip included Secretary David Shulkin, his wife and Wright Simpson.

According to the report, the Office of Inspector General received an anonymous complaint alleging that Shulkin and others misused VA funds and inappropriately accepted tickets to the Wimbledon tennis tournament.

In the fallout from the inspector general report Simpson elected to retire, although, the agency announced that it will conduct a formal investigation on her actions identified in the report, according to a press release.

"She called me this morning and told me she doesn't want to be in this environment anymore," Shulkin told Military Times on Friday of Simpson's resignation.

Filling her shoes is the agency's Accountability and Whistleblower Protection Executive Director Peter O'Rourke. He will play both roles for the agency until a replacement can be found for his previous role, according to a press release.

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4.7 - The Gazette: [Veterans' health care, national cemetery focus of Colorado Springs town hall](#) (21 February, Tony Peck, 870k uvm; Colorado Springs, CO)

The Department of Veterans Affairs' continuing struggles to eliminate wait times and meet demands for mental health care were discussed at a town hall in Colorado Springs Wednesday night.

The town was hosted by Concerned Veterans for America and U.S. Rep. Doug Lamborn.

Central to the discussion was Lamborn's "Veterans Empowerment Act," introduced to the U.S. House of Representatives in November.

"The bill throws out the idea of acceptable patient wait times and eliminates the requirement of the veteran to ask for VA permission to use civilian medical providers," the Colorado Springs Republican explained in a statement last year. "It gives veterans full authority to use the existing VA system or not."

Dan Caldwell, executive director of the veterans group, was quick to point out that the bill would not privatize the veteran health care system, something the group does not support.

While the bill would help alleviate some of the issues faced by Veterans Affairs, Lamborn believes more work is needed.

"We haven't finished with addressing some of the systemic problems," he said.

Other issues raised are the distance some have to travel to get treatment at a VA hospital, particularly for mental health care and PTSD.

"The VA is maybe overwhelmed with the job they have to do," Lamborn said. "The personal touch is so important to treat PTSD and mental health in general."

He believes "options" would allow veterans to find that personal touch.

At the end of the evening Lamborn announced that the Pikes Peak National Cemetery in Colorado Springs which is still under construction will have a dedication ceremony in May.

The \$31 million project will honor the service of Colorado veterans and will accommodate almost 100,000 burial plots by the time of its completion, according to a statement from Lamborn's office.

"Our region is home to 80 percent of the state's veterans," Lamborn said in a release. "We're long overdue for a local cemetery to honor our veterans and provide a final resting place to America's heroes."

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4.8 - WFED (AM-1500, Audio): [Justice Department sets up new Cyber-Digital Task Force](#)
(21 February, Eric White, 831k uvm; Washington, DC)

[...]

Veterans Affairs Secretary David Shulkin said he has no intention of quitting. The big six veterans service organizations have now offered their support for Shulkin. The Disabled American Veterans, Paralyzed Veterans of America, Veterans of Foreign Wars, and Vietnam Veterans of America join AM-VETS and the American Legion in offering their support of the secretary. The VFW described the White House personnel who are reportedly trying to unseat Shulkin and Deputy Secretary Tom Bowman as a "cancer" inside the administration. White House Press Secretary Sarah Huckabee Sanders says she "has no reason" to believe Shulkin doesn't have the president's trust. (Federal News Radio)

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4.9 - Judicial Watch Blog: [VA Secretary's Chief of Staff Embroiled in Another Cover-Up Scandal](#)
(21 February, 297k uvm; Washington, DC)

One of the high-ranking Veteran Administration (VA) officials who misled the agency's secretary about the prosecution of an elderly Army vet made false claims and altered an official record in a separate case. Her name is Vivieca Wright and she is the chief of staff to VA Secretary David J. Shulkin. Last week Judicial Watch obtained records showing that Wright and others in Shulkin's inner circle lied to him about a federal case in which an Army veteran was criminally prosecuted for displaying the American Flag at a southern California VA facility. Judicial Watch helped represent the 75-year-old vet, Robert Rosebrock, who faced up to six months in jail for the ghastly offense of affixing Old Glory at a site honoring those who served their country. He was also charged with taking unauthorized photographs of both the Flag and VA police.

Wright helped spread falsehoods to her boss about the Rosebrock prosecution after he ordered her to check the accuracy of a national news report about the federal case. Shulkin was opposed to pressing charges against Rosebrock and wanted to issue a press release announcing it. More than a month before Rosebrock's trial, the VA Secretary's staff downplayed the seriousness of the charges by erroneously stating in official agency emails that the vet made

the choice to go to court rather than pay a fine and that he faced no jail time. In fact, Wright forwarded an email to her boss from the director of the West L.A. VA, Ann Brown, falsely stating: “Forgot to add—he is facing a \$25 fine with NO jail time.”

Days after Judicial Watch published this, the Department of Veterans Affairs Office of Inspector General (OIG) released a report stating that Shulkin’s chief of staff lied and altered official agency emails in another case. The VA watchdog was tipped off by a whistleblower outraged over waste involving an overseas trip that misspent taxpayer dollars and misused department resources. During the European jaunt, a high-level VA employee was delegated to “personal travel concierge,” OIG investigators found, and the agency paid thousands of dollars for Shulkin’s wife, a dermatologist named Merle Bari with a private practice in Pennsylvania, to join him on the trip to Copenhagen and London last July. The ten-day trek included 11 people and cost the VA north of \$122,000, according to the OIG probe, which found “serious derelictions concerning the trip...” The VA delegation visited Kensington Palace and Westminster Abbey and strolled through the gardens of Buckingham Palace. Details are included in more than a dozen trip books printed at a cost of \$100 each, the report reveals.

The VA secretary and his entourage were officially attending the Ministerial Summit on Veterans’ Affairs in London, a questionable powwow for senior officials from the U.S., the United Kingdom, Canada, Australia and New Zealand to “discuss topical issues related to veterans.” After accepting the invitation, Shulkin ordered his staff to book a side trip to Copenhagen, Denmark. Prior to the summer trip, Wright contacted the VA ethics office to find out if her boss’s wife would qualify as an official U.S. government traveler so taxpayers could pick up her expenses. Unless she was on official business or Shulkin was receiving an award, the wife didn’t qualify and would have to pay her own way, Wright was told. The chief of staff did what any corrupt government employee would do—lie and falsify a document. She made up a bogus award that Shulkin would supposedly receive from the U.S. ambassador to Denmark and told the ethics office that the wife’s travel had been “approved by the White House.” Shulkin never received any awards or recognitions, the OIG report confirms. The “VA’s chief of staff made false representations to a VA ethics official and altered an official record, resulting in VA improperly paying for Dr. Bari’s air travel,” the report states.

Of interesting note is that less than two weeks before the European trip, Shulkin issued a stern memo to all VA staff announcing restrictions on nonessential travel. The memo, titled Essential Employee Travel, said agency managers had to approve all employee travel by determining whether it is essential in order to decrease “employee travel and generate savings” within the VA. Evidently, the new measures don’t apply to him or his wife. Investigators say they found no evidence that Shulkin was aware of his chief of staff’s “false representations or alteration of official records.” Because Wright’s actions may have violated criminal statutes, the OIG referred the matter to the Department of Justice (DOJ) for criminal prosecution, but the agency decided to let it slide. This is typical of the dysfunctional manner in which government operates.

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4.10 - Fierce Healthcare: [Veterans groups rally around VA Secretary David Shulkin in wake of ethics violation, internal turmoil within agency](#) (21 February, Ilene MacDonald, 141k uvm; Washington, DC)

Veterans groups say Veterans Affairs Secretary David Shulkin, M.D., has their full support, despite allegations that he and his staff misused taxpayers' money to pay for a European trip and amid reports that political appointees within the agency may be trying to push him out.

Last week, Shulkin faced a tough VA Office of Inspector General report that slammed him for using taxpayer money to travel to Denmark and London in a July trip that mixed business and pleasure. The report also accused one senior staff member of deliberately altering an email to justify that the VA should pay for Shulkin's wife's travel expenses.

Although he disputed the claims in the report, by the end of the week Shulkin agreed to reimburse the agency, and the staff member who allegedly doctored the emails, Chief of Staff Vivieca Wright Simpson, had announced her retirement.

Meanwhile, Shulkin claims that people within the department have been trying to undermine his authority and may have hacked Simpson's account to alter the text. And he indicated in a Politico interview that he has the support of the White House to purge the agency of those who are deliberately defying his authority.

Shulkin described the internal strife as a classic power struggle with those within the agency who oppose his attempts to work in a bipartisan manner. Although Shulkin is a holdover from the Obama administration, he was appointed by President Donald Trump to serve as VA secretary and was confirmed with unanimous support.

Among his supporters: The Veterans of Foreign War, the American Legion, Disabled American Veterans (DAV) and AMVETS.

The DAV said it was extremely concerned about efforts to undermine Shulkin's mission to strengthen and modernize the VA rather than privatize the nation's largest integrated healthcare system.

"It's troubling to think there are efforts working against what is best for veterans and jeopardizing what we believe has been strong leadership within VA, to include the secretary and new deputy secretary," the DAV said in a statement. The group said that although it doesn't always agree with Shulkin, he is a "proven advocate for veterans."

The American Legion also indicated its support for Shulkin, noting his work to implement electronic health records, improve patient satisfaction, decrease waiting times for care and expand veteran access to mental healthcare.

"We have been encouraged by the great progress Shulkin has made and believe that he remains the best person to lead this important federal public institution on the behalf of the American people," said American Legion National Commander Denise H. Ronan in the statement.

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4.11 - Task & Purpose: [Here's Why Veterans Groups Are Circling The Wagons Around Embattled VA Secretary Shulkin](#) (21 February, James Clark, 102k uvm; New York, NY)

Leading veterans service organizations met Tuesday to mount a joint response in the face of a troubling inspector general report alleging “serious derelictions” in expensing on the part of the Veterans Affairs Secretary David Shulkin and his top staff during a Europe trip last July, multiple sources told Task & Purpose.

The groups — including the largest VSOs, dubbed the “big six” — were prepared to call for the Trump administration to retain the embattled VA secretary, but have so far held off on sending a formal letter. (That same afternoon, USA Today reported that the VA’s top official “received assurances” from the White House that his position at the department is, for the time being, safe.)

Based on the recent statements from leading veterans service organizations, the mistakes detailed in the 97-page report appear to be overshadowed by concerns of a power struggle within the VA — one allegedly perpetrated by pro-privatization operatives within the department, with the goal of ousting Shulkin. And it’s that final point, that may have caused veterans groups to gather.

Put another way, the rallying cry for Shulkin amounts to: Better the VA chief we know...

A federal institution with a proposed budget of nearly \$200 billion for fiscal year 2019, the Department of Veterans Affairs oversees the largest integrated health care system in the United States, and there are concerns among veterans organizations, advocates, and lawmakers, that it’s a ripe target for special interest groups seeking to turn a profit through privatizing aspects of the Veterans Health Administration — the VA’s medical arm.

In an interview with Task & Purpose, one veterans service organization official equated VA health care privatization to “robbing Peter, to pay Paul, while John bleeds out.” In this analogy, Peter’s the VA, and veterans are John.

Since Feb. 19, the largest veterans organizations, AMVETS, Vietnam Veterans of America, Veterans of Foreign Wars, The American Legion, Disabled American Veterans, and Paralyzed Veterans of America, have rallied around the embattled secretary, advocating for Shulkin to remain at his post.

Though the messages vary between the VSOs individual statements, the tone is consistent, portraying a mix of disappointment over the actions detailed in the travel report, support for Shulkin’s past efforts, and concern over stories of a VA harried by inner turmoil.

The disappointment stems from the secretary and his staff’s decision-making during the 10-day Europe trip last year, which according to the Feb. 14 report, cost taxpayers \$122,000; included five and-a-half days of sightseeing in Copenhagen and London; and came with allegations of wrongfully accepted gifts; and the claim that Shulkin’s now-retired chief of staff doctored an email so the secretary’s wife’s airfare could be billed to the VA. Shulkin has disputed the reports findings but agreed to repay the cost of travel and to pay back the value of a pair of improperly accepted Wimbledon tickets.

In their statements supporting the VA chief, veterans organizations cited Shulkin’s unanimous approval by the Senate — nearly a year to the day the inspector general report was released — and the VA’s efforts under Shulkin to improve the Post-9/11 GI Bill, reduce wait time for appeals, and expand mental health care for transitioning service members.

But veterans groups are worried that privatization advocates are using the IG report to get their way.

“The news media over the past week has reported on the disingenuous actions of a few political appointees in Washington who are attempting to undermine” veterans support and confidence in the VA, reads the Veterans of Foreign Wars statement. “The acts of these individuals have become a cancer inside this Administration. They sow doubt, they create turmoil, and their ideological agenda clearly puts outside interests ahead of the care and well-being of millions of wounded, ill and injured veterans.”

Veterans service organization officials who spoke with Task & Purpose, have claimed that political appointees — some of whom were previously affiliated with Concerned Veterans for America, a conservative veterans advocacy group backed by the Koch brothers — have been pushing an agenda from within the VA for greater privatization.

That’s an accusation CVA is denying.

“Frankly I think there’ve been a lot of outright lies, and misrepresentation where Concerned Veterans for America fits in, in all of this, and what our relationship was like — and what we thought it was like — with Shulkin,” Dan Caldwell, the executive director for CVA, told Task & Purpose. In a previous email to T&P, Caldwell described that relationship as such: “...despite what some have said — CVA has always had a good working relationship with Shulkin. We wouldn’t want to push him out — he has brought us to table like no one has before. He is also for the most part aligned with us.”

Though the VA did not respond to Task & Purpose’s request for comment about Shulkin’s “work relationship” with CVA, Caldwell emailed several press releases, social media posts, and news articles citing members of CVA, usually Caldwell, praising Shulkin.

“It’s quite clear that you have people, certain veterans service organizations and others, who are quite clearly pushing the narrative that we’re involved in this,” Caldwell said, before speculating that when the VA secretary’s policy has aligned with CVAs, it’s drawn the ire of other organizations, who see those moves as too close to privatization efforts. “They basically needed somebody who’s going to be the bad guy in all this,” he added.

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4.12 - KFBB (ABC-5): [VA says staff numbers are normal, despite rumors.](#) (21 February, Bliss Zechman, 43k uvm; Black Eagle, MT)

HELENA, Mont.- We received a tip and multiple comments from our viewers that the VA Hospital in Helena was losing the majority of its staff. Despite losing a few doctors recently, administrators at the hospital say those rumors are not true.

The VA is required to have about 37 full-time providers. They currently have 33. However, there are only two vacant positions without known replacements. Despite a few gaps in coverage, Deputy Chief of Staff Dr. Marilyn LaJoie says Fort Harrison is functioning just fine.

"Our goal is, of course, to take care of our veterans and to maintain their peace of mind as well as maintain their healthcare," said LaJoie.

Montana has about 36,000 veterans meaning there are more than one thousand patients assigned to each provider.

"If we have three staff members who work two days a week and all three were to terminate service and we replaced them with one full-time provider, it looks like a lot more have left than actually have," said LaJoie.

However, still, some say they aren't getting the services they need in time. We spoke with one Navy vet's wife a couple of weeks ago about extreme wait times.

"It blows my mind that they could make somebody who needs help wait for so long, because you don't know what could happen," said Heather King.

Dr. LaJoie says outpatient wait times usually don't take longer than 30 days. However, Heather's husband sought immediate help for PTSD. He didn't get treatment until seven weeks later. LaJoie says they've implemented a program called Telehealth, a virtual medical help service, to try to help vets get help with just the click of a button.

The Montana VA plans to hire more qualified

"Anything that can be done to improve the care that we render to veterans. We are very grateful for," said LaJoie. personal and expand some of their healthy initiative programs.

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4.13 - ConnectingVets: [VA Secretary to keep his job](#) (21 February, Caitlin M. Kenney, 24k uvm; New York, NY)

A Secretary David Shulkin reportedly will be keeping his job and the American Legion is confident in Shulkin's support for veterans.

The American Legion's Executive Director Verna Jones told reporters Wednesday that she had been told by a credible source that it had been decided that Shulkin was going to stay.

"I believe that what they've decided to do is to move forward," she said. "Now we don't know how long it's going to last, but until something else happens I think that the decision has been made so that Shulkin is going to remain the secretary."

A VA Inspector General report released Feb. 14 into expenses during a trip to Denmark in July 2017 led Shulkin to apologize and repay the government for his wife's plane ticket, according to USA Today.

Speaking to Connecting Vets on Tuesday, Jones said "While we are very disappointed in some of the things revealed in the IG report, we still stand strong that David Shulkin has done an amazing job for veterans and the VA. So we would definitely like to see him stay on as Secretary of the VA."

Other Veteran Service Organizations, such as American Veterans (AMVETS), Disabled Veterans of America, and Veterans of Foreign Wars, released statements supporting the secretary on Feb. 19.

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5. Improve Timeliness of Service

5.1 - KETV (ABC-7, Video): [Veterans reduce pain medication through massage](#) (21 February, Sarah Fili, 1.1M uvm; Omaha, NE)

OMAHA, Neb. — Many veterans struggle with pain. Some from war-related injuries, others, from the wear and tear of combat training. Many are searching for answers outside the doctor's office and away from medication.

A massage is supposed to be relaxing, but for Marine veterans like Jeremy Stone, it's a sensitive subject.

"I hadn't had anybody put their hands on me like on your back in areas that you aren't touched that aren't your forearms or your hands," Stone said.

It's painful but vital, to heal his neck and back.

"I've had constant pain since 1997. I've had a headache since 1997," he said.

So he puts his trust in massage therapist Dan Hanneman, at Stillpoint Massage.

"I've told veterans and civilians alike this is a good place, a safe place you can come," Stone said.

Hanneman understands because he's also a veteran.

"Some of these veterans have seen combat and have had strong experiences," Hanneman said.

He helps around 50 veterans with stories like Stone's.

"Medicate it, medicate it, until I was taking so many pain pills and muscle relaxers on a daily basis that it was overwhelming," Stone said.

Now he's able to cut back on those painkillers. So is Air Force veteran Danette Reidl.

A car crash while on duty nearly paralyzed her from muscle tension.

"To feel like my life is just a medicine for this and a medicine for that and that and, oh by the way, don't get addicted," Reidl said.

Massages help replace some of that medicine.

"I've seen people sort of change their lifestyle more towards health since they're able to do more and take care of themselves better," Hanneman said.

A true therapy for a sensitive subject.

These different options for treatment are available through the Department of Veteran's Affairs' care in the community program. Other options are chiropractic treatment and acupuncture. Talk to your VA doctor and they can help see if you qualify.

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5.2 - WGCL (CBS-46, Video): [Veteran still waiting to get approved for disability 24 years later](#) (21 February, Natalie Rubino, 587k uvm; Atlanta, GA)

Terria Clark joined the army right out of high school. She fought for three months in Desert Storm but her most scarring battle happened on American soil when a Sergeant called her into his office.

"I wanted to be a career soldier," said Clark. "As I was going into the office, he was behind me and the door closed and the light went off and he had me on the desk."

Clark said she couldn't get away and before she knew it he was putting his tongue down her throat and touching on her. Eventually she found a stapler gun and hit him with it. She ran away but the attack never escaped her.

When CBS46 reporter Natalie Rubino asked Clark if she had flashbacks, she responded "All the time. Smells, the cologne, the roughness of the beard."

Clark said after she reported the incident to her commander, she was handed Article 15 papers and was demoted. Months later, she left the army.

"I just didn't feel safe," said Clark.

Clark was diagnosed with PTSD and MTS in 1994. She applied for disability benefits the same year but was denied.

A spokesperson from the VA tells Natalie Rubino that in 1994 Clark was unable to prove her PTSD status was connected to her time in the military. She had a year to repeal the decision but never did. Twenty-three years later, Clark did re-apply for disability in December 2017 only to find out the VA lost the most important part of her military record.

"The assault. The Article 15, My statement. That's not there. That life is missing," said Clark.

Drew Early is a lawyer who helps veterans with VA claims. He says the VA didn't make the move to electronic records until about four years ago.

"When you're dealing with paper and there's one piece pf paper and that file is only in one location it very easily gets lost gets misplaced," said Early.

The VA would not confirm or deny if they had lost Clark's documents. Still, Clark says it shouldn't be this complicated.

"I've laid my life down. I wanted to be a career soldier. Unfortunately that was taken away from me and a change, a change has to come," said Clark.

Drew says it typically takes three and a half years for an appeal to be reviewed in Atlanta. He says right now there are 35,000 appeals going through Atlanta's regional office and only about three teams reviewing those appeals.

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5.3 - KKTV (CBS-11, Video): [11 Call For Action Investigates: VA cancels surgery for legally blind veteran](#) (21 February, Katie Pelton, 313k uvm; Colorado Springs, CO)

A veteran, fighting to see again.

"Just extremely frustrated and helpless."

Danny Webster was supposed to get eye surgery to fix his eyesight. Without the surgery, he says he's legally blind.

"It would take 20 seconds to fix both eyes, and my vision would return to 20/25," said Webster.

The surgery was to fix scar tissue that formed after a prior cataract surgery. But the VA canceled at the last minute.

"I'm blind. I can't see. You are a blur," Webster told 11 Call For Action Anchor Katie Pelton.

The cataract surgery was done through the Veterans Choice Program and done by a private ophthalmologist in Colorado Springs in July. Last fall, his doctor set up another surgery for Jan. 31 to remove scar tissue that had formed on his eyes. The date came and went.

Webster: "Everything was set up, I got the paperwork, and 17 hours before my surgery was set to take place, Skyline called me up and told me that the VA had canceled my surgery."

Pelton: "How did that make you feel when you got that call hours before the surgery?"

Webster: "Angry."

He called the Choice program through the VA.

"I asked her why my surgery was canceled, and she says because there's an ophthalmologist at the VA," said Webster.

But Webster says he doesn't come to the VA to get his eye care. He goes to a private doctor, which the VA previously approved. And you can see that in his paperwork.

The VA told Pelton it's just for non-surgical care -- even though the paperwork doesn't specifically say that.

"I was in the Air Force in civil engineering for 14 years. ... I earned this health care. That was not given to me," Webster told Pelton.

After our 11 Call For Action team got involved, the VA has now agreed to let him get the surgery after all.

It's scheduled for Wednesday.

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5.4 - The News-Review: [Concerns raised about former Roseburg VA surgery chief's colonoscopies at Michigan VA](#) (21 February, Carisa Cegavske, 160k uvm; Roseburg, OR)

Before former Chief of Surgery Dinesh Ranjan became a focal point for controversy at the Roseburg Veterans Affairs Medical Center, he worked at the Iron Mountain VA, in Michigan's rural Upper Peninsula. Independent investigators recently raised concerns about colonoscopies performed by Ranjan and other doctors there, the Iron Mountain Daily News reported last week.

Ranjan stepped down as chief of surgery last month in the wake of allegations of bullying and whistle-blower retaliation. He's currently working for the VA Northwest Network, helping develop its surgical telehealth program.

Ranjan joined the Roseburg VA in 2014, at a time when hundreds of patients were on wait lists for colonoscopies. The VA asked Ranjan to help reduce the backlog, and by Aug. 21 that year, he had performed 79 colon procedures, including colonoscopies and less invasive procedures called sigmoidoscopies. The VA's gastroenterologist and another surgeon, Philo Calhoun, voiced concern about Ranjan's competence. Both later alleged VA managers retaliated against them for blowing the whistle on Ranjan.

After reviewing Ranjan's performance here and finding he used outdated methods to perform colonoscopies on Roseburg VA patients, the VA's Office of Inspector General recommended in July 2017 that the 2,000 colonoscopies he performed at Iron Mountain get a second look.

The Iron Mountain newspaper reported the VA reviewed a random sample of those colonoscopies, and subsequently commissioned an independent review by non-VA investigators of 4,117 colonoscopies and other colon procedures performed by multiple doctors at the Iron Mountain VA from 2009 through August 2014. That investigation raised concerns about procedures performed on four veterans by three doctors, including Ranjan. One of those veterans had died, and the cause was related to "colon issues," a VA official told the Iron Mountain Daily. It appears Ranjan was not the doctor who treated the patient who died, since that doctor was said to be no longer working for the VA.

The full report on the Iron Mountain colonoscopies has not been released by the VA, which cited health care privacy laws, according to the Iron Mountain paper.

In the earlier July 2017 report on the Roseburg VA, which was released to the public, the Inspector General found Ranjan used outdated practices like burning polyps, a procedure that increases the risk of colon perforation. It said investigators found no evidence colonoscopies had been performed unsafely at the Roseburg VA. No complications or missed cancers were discovered in the VA's review of Ranjan's work here. However, it found deficiencies in

documentation on Ranjan's cases that led it to change its rules nationwide about what records VA doctors around the country need to create when they perform colonoscopies.

After reporting his concerns about Ranjan in 2014, Calhoun was barred from performing surgeries, given a poor performance review and blocked from seeking employment at another VA. Calhoun was later vindicated by the U.S. Office of Special Counsel, which found he had been retaliated against for whistle-blowing. Calhoun was reassigned to the Portland VA, and has since retired.

The Roseburg VA placed the gastroenterologist who had reported on Ranjan on administrative leave and removed her property from her office, according to the Inspector General's July report. She has hired legal representation and filed a whistle-blower claim, the report said. She had ordered some of Ranjan's patients to receive repeat colonoscopies, but VA managers canceled some scheduled repeats, the report said.

VA doctor Steven Blum said the Iron Mountain study illustrates the importance of the Roseburg doctors raising their concerns about Ranjan.

"The recent admission by the Iron Mountain VA that patients were injured and died proves that the actions of whistle-blowers in Roseburg have literally saved lives," Blum said.

He said managers who allegedly covered up the problems delayed "much needed care" for the patients, and that the injuries and deaths of veterans "should not go unpunished."

The VA issued a statement Wednesday morning confirming "there have been several reviews" by the Inspector General and the regional network about colonoscopies conducted at Roseburg.

"These reviews did not substantiate Dr. Ranjan performed colonoscopies unsafely, but found that he practiced in an outdated manner. Dr. Ranjan performed 79 cases at the Roseburg (VA) between April and August 2014, and each were independently reviewed. He received additional training and supervision, but has not performed any colonoscopies at Roseburg since August 2014," it said.

The VA said if patients have any questions about care they should contact patient advocates Wendy Thatcher and Barrett Smith, who are available weekdays at 541-440-1000, ext. 41206, or drop by the office in Building One on the Roseburg campus.

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5.5 - Wisconsin Public Radio: [New Study Looks Into Impact Of Fish Oil On Alzheimer's Risk Among Veterans - Veterans Have Higher Risk Of Developing The Disease](#) (20 February, Mary Kate McCoy, 151k uvm; Madison, WI)

A new study is looking into whether fish oil supplements can slow down – or prevent – the onset of Alzheimer's disease in older veterans.

The study is focusing on veterans because those who are eligible for Veterans Affairs services have a higher risk for developing dementia, according to Dr. Cindy Carlsson, leader of the study and geriatrics provider at the William S. Middleton Memorial Veterans Hospital in Madison.

"It may be in part because they have greater exposure to traumatic brain injuries and they tend to have higher rates of depression and post-traumatic stress disorder," said Carlsson.

They also are more likely to have higher levels of vascular risk factors, like high blood pressure, high cholesterol and diabetes, Carlsson said. All of those pieces add up to a higher risk for people their age among the general population.

Participants in the study must be between the ages of 50 and 75, and have a parent with Alzheimer's disease. Some participants will be assigned a high dose of fish oil, called vascepa, and others a mineral oil supplement.

"We know that there is a lot of data from recent years that things like high cholesterol, diabetes and high blood pressure increase our risk for developing dementia," Carlsson said. "So what we're trying to do is see if some of these therapies could help with those risk factors and make a difference in reducing risk for Alzheimer's."

Researchers are concentrating on how the fish oil helps with brain blood flow and how it affects key proteins related to the development of Alzheimer's, particularly amyloids.

"We're focusing on a fish oil that we know helps improve blood flow and helps reduce cholesterol levels, to see if that helps beneficially change some of these markers," she said.

MRI scans are then used to test changes in the blood flow to the brain over time, first measured at the baseline, then at 9 and 18 months. Amyloids are also monitored in response to the fish oil.

Over 5 million Americans currently have Alzheimer's disease, according to the Alzheimer's Association, and that number is expected to triple by 2050.

"It will have tremendous effects on the health care system, also on patients and their families," Carlsson said.

In 2017, Alzheimer's and dementia cost the United States \$259 billion. By 2050, the Alzheimer's Association predicts those costs have the potential to reach \$1.1 trillion.

Americans are living longer, and that is the main driver behind the heightened levels of the disease, Carlsson said. To fight it, researchers are centralizing their efforts on preventive measures.

"If we can reduce the number of people with Alzheimer's, or delay it by five years, then we can reduce the number of people with Alzheimer's by 50 percent," Carlsson said. "That would have a huge impact on quality of life and cost saving for our health care system."

Despite disappointment with clinical trials on discovering ways to treat and prevent Alzheimer's in the past, Carlsson is optimistic about the research.

"There are a lot of good leads and markers for things that may tell us about the brain before memory loss symptoms start," she said. "I think there's optimism in looking at a variety of ways for these medications to help improve blood flow to the brain."

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5.6 - WSEE (CBS-12, Video): [Erie VA Medical Launching Whole Health Program](#) (21 February, Lisa Adams, 146k uvm; Erie, PA)

The Erie VA Medical Center is expanding its efforts, to fight against opioid addiction.

They are preparing to launch a "whole health program," focused on the total well-being of the veterans, they treat.

Marguerite Evanoff-Jurkovic, D.O, is the Whole Health Program Director. She said the program is meant to complement traditional medicine. "What we're trying to do is move our patients away from being a disease-based approach to medicine and trying to shift to patient-centered care, where we try to establish the patient's goals and how we can use those goals to help lead a patient to a more healthful lifestyle."

The Erie VA Medical Center is one of only 18 across the nation chosen to pilot the program. It is part of their response to CARA, the Comprehensive Addiction Rehabilitation Act passed two years ago.

The new program will offer treatments including battlefield acupuncture, osteopathic manipulation, chiropractic, aqua-therapy, yoga and Tai Chi.

Navy Veteran Will Lachner was undergoing a battlefield acupuncture treatment for neck pain. In just minutes, his pain was reduced dramatically. "Today it's full range of motion and feels better," Lachner said.

Lachner is also a Whole Health coach for the VA. "My piece is just to find purpose for them, what do they want to center around, they're the center of the medical model...and what they want to do," he said. He believes his purpose is helping other veterans find their purpose. "Is it focus on family, focus on physical health, focus on spiritual wellness, so that's directing them to figure out what they want to do," Lachner said.

John Gennaro, CEO of the Erie VA is enthusiastic about what the program will offer area veterans. "What it does is helps with chronic pain management, it's something that's very exciting that we're bringing here, it's something that allows an additional tool in the tool box to treat veterans and their chronic pain management," Gennaro said.

The Whole Health Program at the Erie VA Medical center will be rolled out with an open house this Spring. They have already hired staff and are training volunteers to help implement it across the Erie Va system. The Erie VA Medical Center will collaborate with LECOM and the YMCA on the initiative. It is expected to enhance progress already made in the VA system nationwide to reduce the use of opioids to manage pain. "Since 2012 the VA overall and specifically here at the Erie VA we've reduced the use of opioids by over 40% among the veteran population," Gennaro said.

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5.7 - KECI (NBC-13): [VA addresses concerns over primary care shortage](#) (21 February, McKayla Haack, 27k uvm; Missoula, MT)

MISSOULA, Mont. — Some veterans are saying there isn't enough staff at the Missoula Veterans Affairs clinic, but officials say that's not the case.

Terrance Walleser is a Vietnam veteran. He was a C-130 mechanic and OV-10 mechanic. Today he lives in Ravalli and goes to the Missoula VA clinic every six months for a checkup, but he says this time was different.

"I came in, and there was nobody there, which really surprised me," said Walleser. "I've lost two doctors within a year. Both were great. One retired and the other one took another job, I think, out in Oregon."

Staff there told him they'd been down a doctor since Dec. 21 and don't expect to fill the vacancy until March.

However, the VA says there are two full-time doctors on staff in Missoula. Another is scheduled to start work in May.

A Helena report says claims of a widespread primary care shortage are false.

The Veterans Health Administration says they have 10 individual providers scheduled to join the Montana VA some time between March and May. That's statewide.

The report also shows turnover, that eight providers resigned.

The state's VA director, Dr. Kathy Berger, says, "There is a nationwide shortage of primary care providers, and in rural states like Montana the shortage can be even more significant."

She goes on to say she is confident the state has what it needs to serve our veterans.

However, vets NBC Montana talked to aren't sold.

Al Zaglauer says he hasn't been able to see a doctor at the Missoula VA clinic in a couple of years. Zaglauer's provider is a nurse practitioner, and he says she's wonderful, but everything she says Zaglauer needs has to go through Helena.

He's also a Vietnam veteran. He was Special Forces from 1962 to 1985. Today, among other things, his feet need a lot of care.

"In the special ops you never wore socks, because you'd get jungle rot, because your socks would stay wet all the time," said Zaglauer. He said they wore special boots in Vietnam, but they messed up his feet.

"Now, thank God, the VA gives me special inserts and shoes and boots and takes care of (my feet). But now I? have to go up every year to get my new boots and new shoes," said Zaglauer.

He says he's also had to drive to Helena to see a specialist about his congestive heart failure. It's a difficult task with his oxygen tank, a cane, a torn rotator cuff and winter road conditions.

"I just think Helena -- whoever is in charge up there, he has no idea what veterans my age -- I've been wounded a couple of times -- what we go through on a daily basis," said Zaglauer.

"It's so overloaded down there. There's a lot of veterans in this town that are seeking medical care, and it's just like an assembly line down there. I don't know how the medical staff continues; it's just constant overload. They're getting overworked, that's for sure," said Walleser.

For now, the VA says gaps in coverage are filled by telehealth providers from other sites and with locum tenens providers.

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5.8 - Inland Empire Community News: [Deported veterans continue to struggle on other side of border](#) (21 February, Anthony Victoria, 15k uvm; San Bernardino, CA)

TIJUANA, Mexico—A clean cut U.S. Marine stood alongside fellow veterans at the Deported Veterans Support House last December to welcome a recent delegation of state and federal legislators.

Jose Luis Alvarez, with his perfect English and stoic physical presence, appears as American as any proud veteran. Except, he's not. He's a Mexican national whose world was turned upside down a month ago when he was given deportation orders.

Alvarez, 45, a former U.S. Marine was charged with a felony by Los Angeles County prosecutors. After being told he would be given a deal, Alvarez claims he was forced to leave the country.

"We did everything we could, and I still got deported," expressed Alvarez. "I have a wife and a 3-year-old son back home. It's hitting them real hard."

Like Alvarez, who migrated to the U.S. with his family from Michoacan, Mexico in 1975, other veterans have left behind livelihoods on the other side of the border due to deportation. They've been convicted of crimes—mostly nonviolent—and have served time in prison. Once they complete their sentences, they are sent to border towns like Tijuana, where many of them struggle with poverty and substance addiction.

Hector Barajas, who founded the Deported Veterans Support House in 2013, said the "bunker" has become a resource center for exiled veterans that are in need of support. Barajas' own experience with deportation—living on the streets in Tijuana—compelled him to help fellow veterans who were grappling with internal issues.

"There was a necessity," said Barajas, who served in the U.S. Army. "We help [veterans] with VA benefits, we connect with ACLU attorneys, and we work with legislators to resolve issues."

Barajas believes a lot of progress has been made in recent years. There is more media exposure, an array of support from state and federal legislators (some deported veterans have been pardoned by Gov. Jerry Brown), and there is more access to medical care. Barajas is awaiting a naturalization hearing that may see him return to the U.S.

Nonetheless, deported veterans continue to lack access to legal resources, struggle with drug and alcohol abuse, and renewed Post Traumatic Stress Disorder.

“One of the hardest things for these veterans is being away from their families,” Barajas said. “It’s hard for them to find housing and it’s hard to find access to medical health care. They’re facing renewed traumatic events—being incarcerated, facing deportation, finding a place to live, and getting clean and sober. It just amplifies their stress.”

California lawmakers introduced Assembly Bill 386—legislation that intends to help pay for legal fees for deported veterans that were previously stationed in the state or have children attending California schools.

Assemblywoman Eloise Reyes (D-Grand Terrace), Assemblywoman Lorena Gonzalez Fletcher (D-San Diego), U.S. Rep. Mark Takano (D-Riverside), the League of United Latin American Citizens, and U.S. born veterans visited the bunker on Dec. 27, 2017 to learn more about the experiences of the deported veterans. They took a tour of the center and listened to veterans’ testimonies.

Andy de Leon, 72, immigrated with his family from Mexico to the Central Valley when he was 12 years old. He enlisted in the U.S. Army during the Vietnam War—serving for 12 years. Depression led de Leon to a life of drugs and incarceration, which evidently resulted in his deportation from the U.S. Hundreds of thousands of people living in Tijuana, Mexico today were deported at some time by the U.S. government. However, according to U.S. Army veteran Hector Barajas, who runs the Deported Veterans Support House, there is no agency that keeps track of how many deported veterans there are.

“What started off as just a request from the Veterans Advisory group wanting to come to support turned into quite a delegation,” said Reyes. “These veterans served our country honorably. They put their life on the line. We are here because we want to see what we could do. We want to be sure that we find a way to one day say, ‘Welcome Home.’”

Felix Peralta Jr. served in the U.S. Army in the early 1980s and was honorably discharged. He was arrested in 1998 for aggravated assault and served three years in prison. He unsuccessfully fought against his deportation and was sent back to Sinaloa, Mexico in 2001.

Peralta admitted he held animosity against the U.S., which resulted in his “downward spiral” into substance abuse. His frustration was amplified when he learned his father passed away and his daughter committed suicide.

“It’s hard to adapt to this life,” said Peralta. “I was living in the streets until I ran into another veteran that brought me to this place. Now I’m doing this rehab, which provides me with my own psychologist to deal with my deportation and my daughter’s death. But life is very difficult here.”

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5.9 - Boulder City Review: [Legion commander touts programs that benefit veterans](#) (21 February, Chuck N. Baker, 7.3k uvm; Boulder, City, NV)

Denise Rohan, the first female national commander of the American Legion (coincidentally sworn in during the group’s national convention in Sparks in 2017), toured Southern Nevada this month. During a visit to Post 40 in Henderson, she said too often individuals think it’s “all bad news” when they hear the name “VA,” short for the Department of Veterans Affairs.

That's an incorrect assumption, she explained.

"The secretary of the VA (David Shulkin) is doing amazing things."

She added that veterans issues are nonpartisan and "lots of bills are being passed" in Washington to help veterans. She also noted that the recently enacted Accountability Act that allows for speedier dismissal of VA employees found to be derelict in their duties has made a major difference in staffing. Although she didn't go into detail, it might seem that those not doing their jobs have been terminated, and employees who have done well continue to do so and perhaps work just a little harder.

Rohan acknowledged that the VA has long had difficulty in attracting doctors and other health care professionals because of lower pay scales.

"I will be testifying in Washington about compensation and will bring up that topic," she said.

An Army veteran, the Iowa native initially attempted to join an American Legion post when she lived in Wisconsin. But she was incorrectly told in 1982 that women could only join the auxiliary. Not knowing that she was eligible to become a full Legion member, she declined the auxiliary offer. She was a veteran and should have been welcomed by the Legion.

Several years earlier she had joined the Army because "I didn't really know what I wanted to do when I grew up." She laughed when she added that after she left the service, "I still didn't know what I wanted to do!"

As time went on she was approached by another Legionnaire who knew the rules, and he asked her to join the organization as a full-fledged member. She became the post commander and then was elected to the adjutant's post. She continued to move up, reaching the peak in 2017 when she was elected national commander.

Rohan was welcomed at Post 40 by local American Legion committeeman Ron Michalski, alternate committeeman Jeanette Rae-Evans and the commander of the Legion's Department of Nevada, Yvette Weigold.

Weigold said is important to get the word out to veterans who are eligible to apply for VA benefits. The Legion supports veteran service officers who provide legal representation to veterans applying for earned benefits. There is no charge for the service.

Also attending was Ruth Taylor, longtime chaplain of the Boulder City Veterans of Foreign Wars, Post 31. She pointed out that at the post, member Joe Rowe sells red "Support Our Troops" T-shirts as a fundraiser to help local veterans.

Also at the event was Nevada Legion Adjutant Lionel Motta, who discussed a new program called "Hear Today, Learn Tomorrow." The program helps elementary school-age children who have hearing problems gain access to medical attention.

Chuck N. Baker is a Purple Heart veteran of the Vietnam War and the host of "That's America to Me" every Sunday at 7 a.m. on 97.1-FM.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WJXX (NBC-25, Video): On Your Side: Military daughter says she drowning in debt due to G.I. Bill technicality - First Coast News first reported on this issue in November, sharing Bigbee's \$50,000 college debt that came when the Army canceled her father's GI bill benefits. (22 February, Julia Jenae, 321k uvm; Jacksonville, FL)

Even the best of checklists fall short.

A military daughter from Jacksonville said she tried to follow an education checklist set by the government. Jordan Bigbee's father, Desmond Watson, said the army promised to pay for his daughter's college, but after 18 years of serving in the U.S. Army, he feels the VA is rescinding that promise.

First Coast News first reported on this issue in November, sharing Bigbee's \$50,000 college debt that came when the Army canceled her father's GI bill benefits.

The cancelation came at a surprise because Watson's honorable discharge was involuntary. Military paperwork showed Watson had six more months of service obligation to complete when he was notified the military would be cutting him from the force. The three previous years of education benefits the VA paid to send Bigbee to college were cut as well, leaving the then 21-year-old with a mound of unexpected debt.

After the initial story aired, responses on social media suggested Bigbee was not alone.

Several comments came from those claiming an education benefit they thought was guaranteed through the military disappeared due to technicalities.

"To hear the government not have your back like you've had theirs is hurtful," Bigbee said of her father's military service. "I wasn't able to finish. I was actually two classes away from my AA degree."

Bigbee never returned to finish college and has been fighting along with her father to clear her credit.

"You want to help your children any way you can, you want to be able to protect them," Watson said. "It's frustrating. I do believe this can be fixed. I do believe this can be made right."

The initial response from the VA seemed to give a checklist of its own.

Terry Jamison with Veterans Benefits Administration said in a November 9 statement that a dependent would not be responsible to repay the educational assistance benefits that were transferred by a Veteran who is: 1) involuntarily discharged; 2) honorably discharged; and 3) discharged during a reduction in force.

Watson appeared to fit the three-point profile. He confirmed he never wanted to voluntarily leave a career that meant so much to him. His DD-214 confirms his discharge was honorable and it came at a time when nationally 40,000 troops were being cut as part of a force reduction initiative.

However, in a second response from the VA submitted to our sister station, WUSA9, press secretary Curt Cashour suggested Watson's discharge was not part of the official reduction in force. Cashour reiterated Watson's discharge did not meet the exception to their repayment policy.

"To say that you just kicked him out to kick him out, that's not the truth," Bigbee said.

Watson also disagreed with the VA's statement to media. He acknowledged a reprimand existed on his file from 2010 when he was pulled over for a driving infraction and charged with careless and imprudent driving. After the negative mark, he said he was deployed on two more tours and received good conduct medals and a top secret clearance. He was also given no guidance about the reprimand's possible impact two years later in 2012 when he transferred his G.I. bill to Bigbee, allowing her to begin receiving thousands of dollars in benefits.

At the time of his discharge in 2015, he was aware service members with negative marks would be considered first for personnel cuts. However, Watson told First Coast News his understanding from superiors was that he was being considered for separation as a result of force reshaping.

Army service document creates confusion

With the VA's new response that Watson's honorable discharge was a firing instead of a layoff, the case seemed to be closed. But a document in Watson's own personnel file would raise more questions.

A statement of service on Department of Army letterhead, dated June 2015 lists Watson's type of discharge as a "force reduction" discharge (honorable). The document is signed by Watson's battalion commander.

First Coast News forwarded the document to representatives with the Army and VA but received no response about the contradiction.

"It's been completely different from what they're saying," Bigbee said. "That's the thing with the government, you're never going to have a direct answer."

A public information officer for the Army said Wednesday they could not discuss the specifics due to privacy concerns, and failed to respond to whether Watson could sign a release for the information.

According to military policy, a service member will incur overpayment debt for outstanding benefits if the discharge is due to the quality management program and not part of a force reshaping initiative. No options are available for prorated repayment for those, like Watson, who complete a substantial portion of their obligation.

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7.2 - The Daily News: [National cemetery in Pembroke closer to reality](#) (21 February, Brian Quinn, 192k uvm; Batavia, NY)

The Department of Veterans Affairs (VA) has the land it needs to build a national cemetery near Route 77 in Pembroke. Genesee County's Veterans Service Agency director and the seller of one of the parcels purchased for the project say they're looking forward to the project being completed.

Sen. Charles Schumer announced Tuesday that the U.S. Department of Veterans Affairs (VA) has completed the final acquisitions of an additional 60-acre parcel and a 77-acre parcel that are required in order for the VA to construct the new Western New York National Veterans Cemetery.

William Joyce, director of the Genesee County Veterans Service Agency, said he heard over the weekend that the parcels had been acquired.

"They'd (the VA) like to have construction this year and like to start receiving remains and cremains in 2019. They've never flexed from what they wanted. They always wanted 2019 as their target date," he said.

Joyce noted there will be about 270 acres of land available for the cemetery and said he hopes the VA will be able to continue on with the construction timeline. He said there are veterans who have passed away whose final wishes are to be buried in a national cemetery.

"I've also handed out the pre-need applications to a lot of the veterans and their families. You can put the national cemetery on (the application), not only this national cemetery, but across the (United States). The VA checks that out to see if they are authorized for burial in a national cemetery," Joyce said. "I let the veterans and their families know they are available. I placed them on my webpage (the county Veterans Service Agency page) ... so if they're interested, they can fill them out themselves."

Joyce said he planned to send an e-mail to veterans' organizations in the county to inform them the purchase of the parcels has been finalized.

"That's why I try to keep on top of it, being the county Veterans Service Agency (director), I want to make sure I get as much information out (as is available)."

The Veterans Service Agency director said this is the best site of three sites considered for a national cemetery.

"It's a great point to achieve at this time. It's been a long time coming," he said. "Plus the proximity to the New York State Thruway — for the Western New York families, if you're coming from Buffalo, instead of coming from (routes) 5 and 33, you could take the Thruway."

Duane Schmigel of Corfu, who owned the 77-acre parcel, said he wasn't in touch directly with the VA, but with a realtor, during the process leading up to the sale. He declined to say how much he sold the parcel for, but said it was similar to the assessed value of the land.

"In general I feel the amount's not as important as the need to build a national cemetery in Western New York," he said. Schmigel estimated it was about four years from the time discussions with him began to when the purchase of the parcel by the VA was finalized.

"There was no bickering about it. There was no holdup as far as the amount goes," he said.

Schmigel said before the sale, he was using the parcel as farmland.

"In general, my crops were harvested in the fall. I didn't plant any fall crops that would be overwintered into spring," he said. "I still have farmland in that area. I would say about 80 acres, roughly."

"I never subdivided it off or anything like that. I tried to keep it as a whole parcel," he said of the 77 acres. "In this case the VA cemetery had a need for it and I felt I accomplished what I needed to accomplish by keeping it open and available and not subdividing it into a lot of houses."

Schumer said now it is vital the VA begin the cemetery's construction.

"I applaud the Department of Veterans Affairs for overcoming this last impediment and acquiring these two land parcels," Schumer said in a press release Tuesday. "With this final hurdle cleared, I urge the VA to stick to a swift construction timetable and take the steps to begin the Western New York Veterans Cemetery construction this year.

"Making this cemetery a reality has been one of my top priorities, and now the VA has a clear path to begin construction. I am elated the VA heeded my calls and I look forward to seeing this project come to fruition. This cemetery's construction guarantees Western New York's veterans will have the proper burial at a site close to the homes, families, and the very communities they dedicated their lives to defend and serve."

Previously, the VA purchased a 132-acre site bordering on Indian Falls Road and State Route 77 in the Town of Pembroke as the site of the new veterans' cemetery but required these two additional parcels before construction could begin.

Schumer said the new cemetery design calls for the main entrance to be built through this 60-acre parcel of land so that veterans, their families and cemetery visitors can access the cemetery from Indian Falls Road, rather than via the busy State Route 77 corridor. Schumer said both parcels are located adjacent to the existing 132-acre cemetery site that was purchased by the VA in 2014.

The VA said last year that before it could acquire these two parcels, a buried gas line that traversed the 60-acre and 77-acre parcels needed to be plugged and then relocated. The VA aimed to begin construction approximately six months after purchase of the land, followed by the opening of the early turnover area for burials a year later, in 2019.

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8. [Other](#)

8.1 - ABC News (AP): [Oversight committee wants to look at Pruitt's travel records](#) (22 February, Michael Biesecker, 24M uvm; Washington, DC)

A Republican-led congressional committee is demanding records related to premium-class flights taken by Environmental Protection Agency chief Scott Pruitt.

House Oversight Chairman Trey Gowdy issued a letter to Pruitt this week seeking an accounting of all flights taken by the EPA administrator over the last year and whether the ticket was coach, business or first class. Pruitt defended his use of premium-class airfare in media interviews earlier this month, saying security concerns were raised after unpleasant interactions with other passengers.

The South Carolina Republican's letter sent Tuesday specifically cites the evolving explanations of EPA spokesman Jahan Wilcox, who initially told reporters that Pruitt had a "blanket waiver" to fly first class before then saying separate waiver had been granted by ethics officials for each flight. Federal employees are typically supposed to fly coach, and travel rules such bar blanket waivers.

"We will respond to Chairman Gowdy through the proper channel," Wilcox said Wednesday.

Pruitt, the former GOP attorney general of Oklahoma, has been under increasing scrutiny for his jet setting since his appointment by President Donald Trump last year. Records show Pruitt's airfare is often several times more expensive than that of aides booked on the same flights.

Gowdy's letter says the requested records are to be provided to his committee by March 6.

"Federal regulations require government travelers to obtain approval or authorization from their agency to use accommodations other than coach-class when traveling on official business," Gowdy wrote. "Clearly, federal regulations prohibit a blanket waiver to fly first class except to accommodate disabilities or special needs."

Pruitt said earlier this month he had some "incidents" on flights that necessitated his need for first-class seats. EPA has refused requests from The Associated Press to provide details of those incidents.

"We live in a very toxic environment politically, particularly around issues of the environment," Pruitt said in an interview with a New Hampshire newspaper. "We've reached the point where there's not much civility in the marketplace and it's created, you know, it's created some issues and the (security) detail, the level of protection is determined by the level of threat."

Pruitt is the first EPA administrator to have a 24-hour security detail, even inside the agency's secured headquarters in Washington. He has also taken other security precautions, including the addition of a \$25,000 soundproof "privacy booth" inside his office to prevent eavesdropping on his phone calls and spending \$3,000 to have his office swept for hidden listening devices.

Pruitt has denied he played any role in purchasing the premium-class tickets, saying his chief of staff and EPA security had made those decisions.

Federal regulations allow government travelers to fly business class or first class when no cheaper options are "reasonably available" or if there are exceptional security circumstances.

However, past federal audits have found that those rules have been routinely violated by high-ranking government officials under both Republican and Democratic administrations.

Pruitt's frequent government-funded travel, which records show has often included weekend layovers in his home state of Oklahoma, is already under review by EPA's internal watchdog.

The use of luxury air travel by members of Trump's Cabinet has been attracting attention for months. Health and Human Services Secretary Tom Price was forced to resign in September following media reports he spent at least \$400,000 in taxpayer funds on private jets for himself and his staff.

A report recently released by the inspector general at the Department of Veterans Affairs found that Secretary David Shulkin and his staff made "false representations" to justify his wife accompanying him at taxpayer expense on an 11-day European trip that mixed business and sightseeing.

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8.2 - WDBJ (CBS-7): [Danville Fire Department investigating a suspicious package sent to VA clinic](#) (21 February, Caslee Sims, 833k uvm; Roanoke, VA)

The Danville Fire Department recovered a suspicious package sent to the Danville Veterans Affairs Community Based Outpatient Clinic.

According to the Danville Fire Department, a report came in at 3:09 pm. for a suspicious package sent to 705 Piney Forest Road. Firefighters and Hazmat crews along with Danville Police and Virginia State Police responded and evacuated all occupants of the facility.

Authorities say the incident lasted approximately two-and-a-half hours and there were no injuries reported.

The package, which contained unknown contents has been turned over to Virginia State Police.

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8.3 - Danville Register and Bee: [Employees treated after coming in contact with suspicious package; investigation continues](#) (21 February, Trevor Metcalfe, 79k uvm; Danville, VA)

Authorities are investigating after they report a suspicious package was delivered through the mail to the Department of Veterans Affairs Community Based Outpatient Clinic on Wednesday afternoon in Danville.

Officials would not provide details on what was inside the package that caused the clinic to notify emergency personnel.

More than a dozen police, fire and rescue vehicles dotted the parking lot of the clinic at 705 Piney Forest Road that was wrapped with yellow crime scene tape.

Danville Fire Department Assistant Chief Steve Dishman said emergency workers responded to a call from the clinic about a suspicious package around 3:30 p.m. Crews arrived and treated three or four VA employees who had come into contact with it.

"Because we don't know anything else, this is kind of the standard response for anything suspicious," Dishman said.

Dishman said the package was delivered through the United States Postal Service and was sealed inside a separate container. He didn't think there was a potential for the material to leak into the air, but could not provide further information about the contents of the container.

Virginia State Police Sgt. D.W. Gott said his agency would transport the package to an evidence lab for testing.

"We'll have the package analyzed, then we'll continue the investigation," Gott said.

No one appeared to be injured from the package, but Dishman said crews were still checking the vital signs of those who came into contact with it.

"That's routine procedure for anybody that's been close to the area," Dishman said.

At the scene, police blocked off the entrance to the clinic, which is in the Piney Forest Shopping Center with the Save-A-Lot grocery store and other shops.

Danville Life Saving Crew members helped VA staff with medical attention, taking their vital signs and helping them apply a cleaning liquid.

Other clinic staff stood outside, calling people on their cellphones and talking with one another.

After examining clinic staff, most were allowed to leave the scene. Staff members said they were instructed not to speak about incident.

The facility functions as a primary care clinic providing preventive health screenings and mental health services, according to its website.

"Due to the nature of it, we can't give a statement yet," said clinic operations director Kathy Dalton.

Later on in the afternoon, two men in hazardous material suits entered the building, and then a few VA staff members were allowed back inside before leaving the scene.

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To:
Cc:
Bcc:
Subject: Secretary's Stand-up - OPIA - March 1
Date: Thu Mar 01 2018 07:31:04 CST
Attachments: 180301_Brief.pptx

Good Morning.

Attached is today's brief.

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Filename: 180301_Brief.pptx

Last Modified: Thu Mar 01 07:31:04 CST 2018



VA Secretary's Stand-Up Brief

1 March 2018

Executive Summary

The European travel OIG report reemerged in national coverage as outlets followed new reports about an internal attempt to oust Secretary Shulkin from Department leadership. Capitol Hill and military-focused outlets reported the OIG's determination on claims of email hacking.

Storyline	Outlets	Analysis	Trend	Priority
Top VA aide lobbied for Sec. Shulkin ouster	USA Today , Washington Post , CBS News , Hill , Wash. Examiner	Led by <i>USA Today</i> , outlets reported that Asst. Sec. Ulyot allegedly asked a senior HVAC aide to persuade lawmakers to press the White House for Sec. Shulkin's resignation over the findings of the European travel OIG report. Reporting cited two unnamed sources, who described a call – which also included Press. Sec. Cashour - in which Ulyot asked the aide for help in the effort to have Secretary Shulkin fired. Coverage included the joint statement of denial from Asst. Sec. Ulyot and Press Sec. Cashour that any such conversation took place.	Emerged	Resources
OIG: Fmr. VA CoS email not hacked	The Hill , Military Times , Stars and Stripes	Washington and military-centric outlets reported the OIG's determination that fmr. Chief of Staff Vivieca Wright Simpson's email was not hacked in relation to the Secretary's European travel, but was the target of an unrelated "spoofing" incident.	Emerged	Resources
Walter Shaub: Case to fire Sec. Shulkin	Los Angeles Times	In an op-ed, fmr. Director of the Office of Government Ethics Walter Shaub identified the series of ethical lapses on the part of the Secretary that he claims are grounds for Dr. Shulkin's termination.	No trend	Resources
Task Force: No VAMC for N.H.	AP , WAMC , (NPR) , NHPR	The findings of the N.H. VAMC task force that the state does not require a full service hospital expanded to national coverage with an <i>AP</i> article. Local outlets also sustained their coverage of the draft report.	Sustained	Choice
Service storyline round-up	Miami Herald , Stars and Stripes , WRC , (NBC) , KGO , (ABC)	<i>Miami Herald</i> reported that a whistleblower complaint revealed at least eight Veterans tested for HIV at the Miami VAMC received a contradictory result when retested by an outside lab. <i>Stars and Stripes</i> detailed a study that found private sector medical providers are poorly equipped to treat health issues specific to the Veteran population. <i>WRC</i> followed Sen. Chris Van Hollen's (D-Md.) formal request for a review of the DC VAMC. <i>KGO</i> covered the claims of a social worker at the Palo Alto VAMC who said some cancer patients at the hospital experienced delays in "crucial" care.	Emerged OPIA003652	Service

VA-18-0457-F-004048



VA Secretary's Stand-Up Brief

1 March 2018

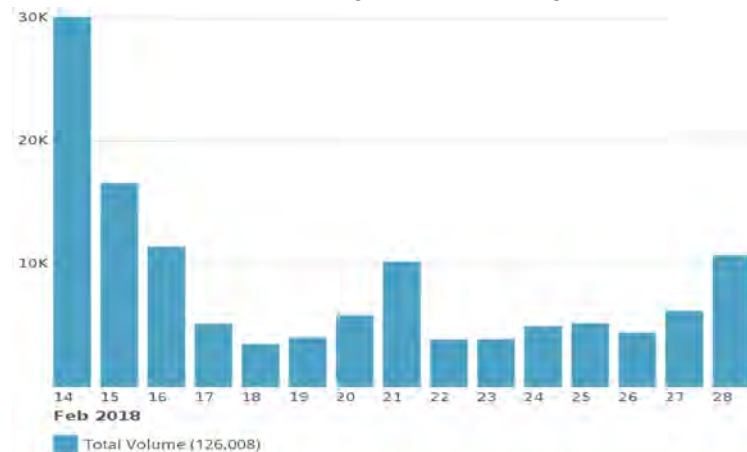
Social Media Takeaway

Activity from fm. Director of the Office of Government Ethics Walter Shaub reemerged as a significant part of social media as he continued criticism of Secretary Shulkin over the European travel OIG report.

Key Points

- Seven of the top ten most retweeted posts originated with @waltshaub. In these posts, Shaub continued to [make his case](#) for firing Secretary Shulkin, criticized recent *USA Today* coverage for going "soft" on the Secretary, and supported Rep. Mike Coffman's (R-Colo.) call for Dr. Shulkin's [resignation](#). Again, this activity was the main driver of #ShulkinResign mentions - the hashtag continued to see little usage by other Twitter users.
- With 900+ RTs, the first post linked above was also Shaub's most popular and linked to his op-ed published by the [Los Angeles Times](#) – in which he presented his case for the termination of Secretary Shulkin. Across social media, users shared this link 1.7k times on Twitter and 800+ times on Facebook.
- The [most-retweeted](#) post (1.7k RTs) was somewhat unrelated to VA, but referenced a storyline that followed the potential deportation of the spouse of a 7th Special Forces Group Veteran, as reported by [Military Times](#).
- Facebook user engagement rebounded to a certain degree, but generally remained slightly below nominal levels. The [most popular](#) post linked to a [Vantage Point](#) blog on the continued study conducted into treatments and care for Gulf War Veterans. The [Veteran of the Day](#) post reflected the general trend on Facebook with just over 400 reactions.

Twitter and Facebook Volume: 14 February – 28 February



Notable Social Media Items

Platform	Item	Relevance
Twitter	@waltshaub – 7 of 10 most-retweeted posts	2.6k Retweets Combined
Twitter	#ShulkinResign	1.2k Mentions
Facebook	Vantage Point - VA continues to study and improve care for Gulf War Veterans	510+ Reactions, 160+ Shares

OPIA003653

From: Hutton, James (b) (6)

To:

Thomas (b) (6) Bowman,

Leinenkugel, Jake (b) (6)

O'Rourke, Peter M. (b) (6)

Tucker, Brooks

Cc: Ulliyot, John (b) (7)(A)

Cashour, Curtis

Wagner, John

(Wolf) (b) (6)

Spero, Casin D.

Bcc:

Subject: RE: Roseburg Articles Containing VA's Statement

Date: Wed Jan 03 2018 12:07:25 CST

Attachments:

Adding (b) (6) .

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

(b) (6)

(b) (6)

(b) (6)

VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Hutton, James

Sent: Wednesday, January 03, 2018 9:17 AM

To: DJS; Bowman, Thomas; (b) (6)

(b) (6) lby, Peter J.; O'Rourke, Peter M.; Tucker,

(b) (6)

Cc: Ulliot, John; Cashour, Curtis; Wagner, John (Wolf); Spero, Casin D.; (b) (6)

Subject: Roseburg Articles Containing VA's Statement

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Both articles contain our full statement in response to the New York Times reporting from Monday.

To ensure consistency, this is the only authorized statement to be used internally or externally on this issue.

James

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(b) (6)

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KEZI (ABC-9, Video): Roseburg VA Responds To Negative Report On Patient Care (2 January, Stephanie Villers, 164k uvm; Eugene, OR)

A spokesperson for the VA said they are not turning away patients to manipulate ratings.

ROSEBURG, Ore. – The Roseburg Veterans Affairs hospital is calling a New York Times report claiming it puts patients at risk “false.”

The report, published Monday, claims the hospital limits the number of patients it admits so it can boost its quality of care rating.

The idea is that the fewer patients admitted to the hospital, the fewer the chances for bad outcomes, according to the newspaper. That in turn would lead to better ratings, and more bonus money that officials make.

KEZI 9 News reached out to the Roseburg VA for a response to this report. A spokesperson called the story “false.”

"The Roseburg VAHCS is a one-star facility according to SAIL data," said spokesperson Shanon Goodwin. "On its face, this shows there is no manipulation of data because, if the facility were manipulating data to boost its rating, wouldn't it be getting a higher score?"

Goodwin said they are admitting patients based off the capabilities of the hospital, not to manipulate ratings.

She said there are some conditions the hospital can't treat, so they do turn some veterans away so they can get better care at other hospitals.

Read the full response from the Roseburg VA below:

"The New York Times story is false.

The Roseburg VAHCS is a one-star facility according to SAIL data. On its face, this shows there is no manipulation of data because, if the facility were manipulating data to boost its rating, wouldn't it be getting a higher score?

The answer is that it's not manipulating data, but rather basing admissions decisions on the actual clinical capabilities of the facility.

Roseburg VA Health Care System admits patients based on InterQual criteria, which is the industry standard for U.S. health care. All admission decisions are based on the hospital's ability to provide the care patients require and are made by clinicians, including the facility chief of staff and her clinical chiefs of service - non-clinical administrators have nothing to do with these decisions.

At its core, the Roseburg VAHCS is primarily an outpatient center, and that's why the hospital's clinical leadership has made clear to its physicians that the facility has limited capabilities to care for patients with certain clinical conditions that are far better treated in nearby community hospitals.

This is precisely why we're being transparent with our doctors about the conditions that the facility is unable to treat, because it's in Veterans' best interests for them to be seen at other hospitals in the community with greater capabilities to deliver them the best care for those conditions.

Secretary Shulkin has made clear that, under his leadership, VA is going to leverage the best of the private sector with the best of VA's own clinical capabilities. And, in the case of Roseburg, which has no intensive care unit and limited surgical capabilities, we are ensuring that Veterans receive the best care, whether from VA or in the community. In doing so, VA works closely with Veterans and community providers to coordinate such care.

Just as the Manchester, New Hampshire VA Medical Center is doing, Roseburg VAHCS is partnering deliberately with nearby community hospitals to deliver Veterans the best possible care based on the facility's actual clinical care capabilities."

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ROSEBURG, Ore. - Roseburg Veterans Administration Health Care System officials dispute a story published by The New York Times Monday alleging the facility had a practice of "turning away complicated patients and admitting only the lowest-risk ones in order to improve metrics."

"The New York Times story is false," Shanon Goodwin, the Roseburg VA's Public Affairs Officer, said in an email (full statement below). "The answer is that it's not manipulating data, but rather basing admissions decisions on the actual clinical capabilities of the facility."

The Times article by reporter Dave Phillips, winner of the 2014 Pulitzer Prize in National Reporting for coverage of veterans issues, tells the story of Walter Savage, an 81-year-old Air Force veteran who visited the Roseburg VA's emergency room in December.

Two doctors examined Savage and agreed he should be admitted to the hospital, Phillips reports.

Though there were plenty of empty beds, records show that a nurse in charge of enforcing administration restrictions said Mr. Savage was not sick enough to qualify for admission to the hospital. He waited nine hours in the emergency room until, finally, he was sent home.

"The doctors were mad; the nurses were mad," said Mr. Savage's son-in-law, Mark Ridimann. "And my dad, he was mad, too. He kept saying, 'I've laid my life on the line, two years in Vietnam, and this is what I get?'"

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Bowman,

Thomas (b) (6)

Leinenkugel, Jake (b) (6)

Tucker, Brooks

; Cashour, Curtis

; Wagner, John

(Wolf) (b) (6)

Spero, Casin D.

Bcc:
Subject: Roseburg Articles Containing VA's Statement
Date: Wed Jan 03 2018 08:16:44 CST
Attachments:

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From:

(b) (6)

To:

(b) (6)

>; Cashour,
Curtis </o=va/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=vacocashoc>; (b) (6)

(b) (6) Hutton, James

(b) (6) Leinenkugel,

Jake (b) (6)

(b) (6) Spero,

Casin D. (b) (6)

(b) (6) Syrek,

Christopher D. (Chris) (b) (6)

Tucker, Brooks (b) (6)

(b) (6) Ulyot, John

(b) (6)

(b) (6)

(b) (6) Wagner, John

Cc:

Bcc:

Subject: huh...
Date: Thu Mar 01 2018 06:59:04 CST
Attachments: image003.jpg

1.1 - Los Angeles Times: Op-Ed - In any other presidency, our 'insufficiently accurate' secretary of Veterans Affairs would be gone (28 February, Walter Shaub, 24M uvm; Los Angeles, CA)

Deceiving an ethics official is a serious offense for a government employee. Can we agree on that?

Now imagine you're a Cabinet official leading an agency of a few hundred thousand employees. One day last spring, you decide to accept an invitation to a July conference in Europe. Your chief of staff alters a federal record so your wife can tag along at government expense. You tell a staffer with a six-figure salary to play personal travel concierge for your wife. (The staffer later emails a colleague: "Boss told me 'if she's happy, I'm happy and you're happy.'") On the trip, your entourage idles as you devote much of your time to leisure. The whole thing costs taxpayers more than \$122,000.

Along the way, without consulting your agency's ethics office, you accept free tickets to the women's finals match at Wimbledon, and a court-side meal, from the 2016 CEO of the Invictus Games, a sports competition for injured veterans and service members. Two months later, you learn that a reporter is sniffing around and you ask your agency's lead ethics official for an "expedited" opinion on the tickets and the free lunch. In response to her questions, you tell the ethics official that the gift-giver is your wife's friend. (There's an exception to the gift ban when it's "clear" a gift is motivated solely by a personal relationship.)

This fact pattern comes from a report issued Feb. 14 by an inspector general of the Department of Veterans Affairs. Let's consider the evidence and see if we think VA Secretary David Shulkin was being straight about the friendship between his wife and the woman who gave the gifts. (Spoiler Alert: He wasn't.)

* When asked by investigators, the woman could not remember the name of Shulkin's wife. Three months before supplying the Wimbledon tickets, the woman asked a mutual acquaintance for an introduction to Shulkin. She denies this, but investigators spoke with the acquaintance and obtained a contemporaneous email conveying her request to Shulkin.

*Before the Wimbledon tournament, Shulkin and his wife had encountered the woman only three times at functions related to his VA work. The woman later remembers "significant ...chatting" with Shulkin's wife while he was "making the rounds."

*Shulkin could not produce a single letter, postcard, voicemail message, email or text with the woman predating the planning for the Europe trip. Investigators reviewed his wife's phone records and found no evidence of calls with the woman in the year before the tournament.

* Shulkin's lawyers produced only one pair of texts exchanged two months after the tournament, and the sequence of events surrounding them is suspicious. The woman emailed Shulkin that a reporter had been asking questions about the Wimbledon tickets. Immediately thereafter, his wife called the woman. After the call, they exchanged text messages that read as though the two hadn't just spoken ("Hope you're both keeping well!"). The texts contained an offer and

declination of reimbursement for the tickets. That same day, Shulkin requested the post hoc ethics opinion.

* The next day, as the first news story related to the trip expenses was about to be published, Shulkin's press secretary released a statement that all activities associated with the trip "including Wimbledon" were approved by the ethics office. When ethics officials objected that the statement was untrue, the press secretary told them Shulkin was responsible for its contents; Shulkin later told investigators he didn't recall telling the press secretary what to say.

* On the day they attended the tournament, emails indicate that the woman asked Shulkin for help getting into a veterans event scheduled for the following week. She and Shulkin say he didn't help her. But three days after the woman requested his help, one of the event's planners sent an email that reads: "Secretary Shulkin may wish to be aware that [the woman] will attend the conference on [Wednesday and Thursday] morning."

For his part, Shulkin attacked the VA's inspector general as having an "agenda." He also claimed hackers altered the federal record that his chief of staff used to get the VA to cover his wife's travel expenses. One day after the inspector general released the report, and notwithstanding a denial and defense issued by his private attorneys, Shulkin told Congress he had ponied up for his wife's travel expenses and for the Wimbledon tickets. His chief of staff retired a day later. A few days after that, Shulkin announced a plan to purge the VA of everyone who engaged in "subversion" against him.

The inspector general's report delicately concludes that the information Shulkin provided to the VA's ethics office was "insufficient to accurately describe his or his wife's relationship" with the supplier of the Wimbledon tickets as a "personal friendship." The evidence is more than enough to warrant Shulkin's termination. Or it would be, if the Trump administration cared about government ethics.

Sincerely,

(b)
(6)

(b) (6)

Document ID: 0.7.10678.583889-000001

Owner: (b) (6)

Filename: image003.jpg

Last Modified: Thu Mar 01 06:59:04 CST 2018

image003.jpg for Printed Item: 148 (Attachment 1 of 1)



Choose

OPIA003670

✓A

VA-18-0457-F-004066

From: Tucker, Brooks (b) (6)

To: (b) (6)

Curtis (b) (6)

>; Cashour,

(b) (6)

Hutton, James

(b) (6)

Leinenkugel,

Jake (b) (6)

O'Rourke, Peter M. (b) (6)

Spero, Casin D.

(b) (6)

Syrek,

Christopher D. (Chris) (b) (6)

Verschoor,

Thayer (b) (6)

Wagner, John

(Wolf) (b) (6)

Cc:

Bcc:

Subject: RE: huh...

Date: Thu Mar 01 2018 07:09:24 CST

Attachments: image003.jpg

First time hearing of this.

Sent with Good (www.good.com)

From: (b) (6)
Sent: Thursday, March 01, 2018 4:59:04 AM
To: (b) (6); Cashour, Curtis;
(b) (6); Hutton, James;
(b) (6); Spero, Casin D.; (b) (6);
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(6)

(b) (6)

Assistant Secretary (HR&A)

(b) (6)

Document ID: 0.7.10678.583891-000001

Owner: (b) (6)

Filename: image003.jpg

Last Modified: Thu Mar 01 07:09:24 CST 2018

image003.jpg for Printed Item: 150 (Attachment 1 of 1)



Choose

OPIA003676

✓A

VA-18-0457-F-004072

From: Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=james.hutton>
To: Ulliyot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoullyoj>; Wagner, John (Wolf) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacowagnej>; Cashour, Curtis </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocashoc>; (b) (6) [REDACTED]; Spero, Casin D. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=spero, casin d.f32>
Cc:
Bcc:
Subject: FW: [EXTERNAL] Secretary Shulkin: "VA health care will not be privatized on our watch"
Date: Mon Jul 24 2017 10:56:24 CDT
Attachments:

fyi

James Hutton

Executive Director, Public Affairs

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

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From: (b) (6) [REDACTED]
Sent: Monday, July 24, 2017 11:53 AM
To: Hutton, James
Subject: [EXTERNAL] Secretary Shulkin: "VA health care will not be privatized on our watch"

THE WHITE HOUSE

Office of the Press Secretary

FOR IMMEDIATE RELEASE

July 24, 2017

SECRETARY OF VETERANS AFFAIRS DAVID SHULKIN: "VA HEALTH CARE WILL NOT BE
PRIVATIZED ON OUR WATCH"

"President Trump is dedicated to maintaining a strong VA, and we will not allow VA to be privatized on our watch. What we do want is a VA system that is even stronger and better than it is today. To achieve that goal, VA needs a strong and robust community care program."

Veterans Affairs secretary: VA health care will not be privatized on our watch

By David Shulkin

USA Today

July 24, 2017

As a physician, my professional assessment is that the Department of Veterans Affairs has made significant progress over the past six months — but it still requires intensive care. In order to restore the VA's health, we must strengthen its ability to provide timely and high quality medical care while improving experiences and outcomes for veterans.

I believe the best way to achieve this goal is to build an integrated system that allows veterans to get the best health care possible, whether it comes from the VA or the private sector.

This is not a novel idea. No health care provider delivers every treatment under the sun. Referral programs for patients to get care through outside providers (known as Choice or Community Care at the VA) are as essential to the medical profession as stethoscopes and tongue depressors.

...

In addition to providing some of the best quality overall health care in the country, VA delivers world class services in polytrauma, spinal cord injury and rehabilitation, prosthetics and orthotics, traumatic brain injury, post-traumatic stress treatments and other behavioral health programs. The department plays a critical role in preparing our nation's doctors and nurses — 70% of whom train at VA facilities. And we lead the nation in innovation, with VA research having contributed to the first liver transplant, development of the cardiac pacemaker, advancements in treatments for PTSD, cutting-edge prosthetics, and many other medical breakthroughs.

All of these factors underscore that fears of privatization are simply unfounded. President Trump is dedicated to maintaining a strong VA, and we will not allow VA to be privatized on our watch. What we do want is a VA system that is even stronger and better than it is today. To achieve that goal, VA needs a strong and robust community care program.

Veterans deserve the best. If a VA facility isn't meeting the community standard for care, doesn't offer a specific service, or doesn't have an appointment available when it's needed, veterans should have access to care in their community.

This is precisely what they have earned and deserve. It's what the VA is working with Congress and Veterans Service Organizations to deliver. And it's what the system needs to remain a valuable resource for our country's great veterans, now and in the future.

[Read the full op-ed here.](#)

###

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From: Ulliyot, John (b) (6)
[REDACTED]
To: Spero, Casin D. (b) (6)
[REDACTED],
casin d.f32>; Wagner, John (Wolf) (b) (6)
[REDACTED] >
Cc: Hutton, James (b) (6)
[REDACTED] (b) (6) >
Bcc:
Subject: RE: //FOR APPROVAL// Tweets to Retweet
Date: Mon Jul 24 2017 15:48:25 CDT
Attachments:

Sounds good thanks Casin

John U.

Sent with Good (www.good.com)

-----Original Message-----

From: Spero, Casin D.
Sent: Monday, July 24, 2017 03:39 PM Eastern Standard Time
To: Wagner, John (Wolf); Ulliyot, John
Cc: Hutton, James; (b) (6)
Subject: //FOR APPROVAL// Tweets to Retweet

John,

With your approval we will retweet the following from @SecShulkin regarding the USA Today Op-Ed.

.@SecShulkin: "VA health care will not be privatized on our watch" <http://45.wh.gov/ky1mAW> - <https://twitter.com/WhiteHouse/status/889518797312450561>

Powerful op-ed by @SecShulkin in @USATODAY: VA health care will not be privatized on our watch.
Read it here: - <https://twitter.com/HouseVetAffairs/status/889475598548176896>

Thank you,
Casin

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Cc: Hutton, James
[REDACTED] (b) (6) >
Bcc:
Subject: //FOR APPROVAL// Tweets to Retweet
Date: Mon Jul 24 2017 14:39:40 CDT
Attachments:

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Thank you,
Casin

From:

(b) (6)

[REDACTED]

>; Spero, Casin

D. (b) (6)

d.f32>; Ulliyot,

John (b) (6)

(b) (6)

Cc:

Bcc:

Subject: FW: [EXTERNAL] 25 February Veterans Affairs Media Summary and News Clips

Date: Sun Feb 25 2018 09:26:42 CST

Attachments: 180225_Veterans Affairs Media Summary and News Clips.docx
180225_Veterans Affairs Media Summary and News Clips.pdf

Clip 4.4

Sent with Good (www.good.com)

From: VA Media Analysis

Sent: Sunday, February 25, 2018 1:30:10 AM

To: Barbaricum VA Media Analysis

Subject: [EXTERNAL] 25 February Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.10678.823323-000001

Owner: (b) (6)

Filename: 180225_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Sun Feb 25 09:26:42 CST 2018



Veterans Affairs Media Summary and News Clips

25 February 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Acting Director Appointed to Permanent Post at Manchester VA](#) (24 February, 24M uvm; Washington, DC)

The man appointed to temporarily lead New Hampshire's only veterans' hospital after several top officials were removed last summer has been named the facility's director. Alfred Montoya had been serving as interim director of the Manchester VA Medical Center since July, when The Boston Globe reported on allegations of substandard care and treatment at the hospital.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 – Pensacola News Journal: [Philpott: VA, Rep. Roe tie caregiver benefit expansion to tightened eligibility](#) (24 February, Tom Philpott, 439k uvm; Pensacola, FL)

In drafting legislation that would expand comprehensive caregiver benefits to severely injured veterans of all past wars, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, directed staff this month to start with the proposal announced by VA Secretary David Shulkin at a Feb. 6 committee hearing.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 – New Haven Register: [Murphy, DeLauro visit West Haven, hear veterans' concerns](#) (24 February, Luther Turmelle, 437k uvm; New Haven, CT)

U.S. Sen. Chris Murphy and U.S. Rep. Rosa DeLauro told a group of about three dozen military veterans Saturday morning they are continuing to fight for improved healthcare benefits for those who have served out country. Murphy, D-Conn., said taking care of those who serve in the military is a critical element of the nation's defense. The gathering was held at the West Haven Veterans Museum on Hood Terrace.

[Hyperlink to Above](#)

4.2 – News Tribune: [Officials break ground on new, improved VA clinic](#) (24 February, Joe Gamm, 64k uvm; Jefferson City, MO)

Veterans' need for outpatient services in rural Missouri continues to grow, and the Department of Veterans Affairs is stepping in to help. About 60 people gathered Friday afternoon for a groundbreaking ceremony for an expanded Community-Based Outpatient Clinic at 3430 W. Edgewood Drive in Jefferson City. When completed, likely in December, the clinic will replace the existing facility up the road at 2707 W. Edgewood Drive.

[Hyperlink to Above](#)

4.3 - Manchester Ink Link: [Alfred Montoya appointed Manchester VA Medical Center Director](#) (24 February, Kristin Pressley; Manchester, NH)

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[Hyperlink to Above](#)

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There was an article in the Wednesday Review-Journal regarding VA Secretary David Shulkin. He stated he had no intention of quitting despite findings of travel abuses connected to a trip to Europe. It also stated that he issued a warning to VA staffers rebelling against him: Get back in line or get out.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

8. [Other](#)

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Washington Democrats and their supporters have recruited and backed dozens of military veterans to run in this year's elections -- even sending some into deep-red districts to challenge the Republican Party for the so-called "guns-and-God" vote and to achieve the party's ultimate mission of taking control of the House.

[Hyperlink to Above](#)

8.2 – Holy City Sinner: [Trident VA Outpatient Clinic Hosts Veteran Health Fair](#) (24 February, Charleston, SC)

On Wednesday, February 28th, the Ralph H. Johnson VA Medical Center's Trident VA Outpatient Clinic will host their inaugural Veteran Health Fair from 9 am to 1 pm at the clinic located at 9237 University Blvd., North Charleston.

[Hyperlink to Above](#)

8.3 – Lawton Constitution: [Local Woman Charged With Stealing Mailed Prescription Painkillers](#) (24 February, Vicky Smith, 47.6k uvm; Lawton, OK)

A former employee of a local delivery service is alleged to have stolen a package of prescription medication addressed from the Veterans Administration. Lawton resident Regina E. Gossett, 37, is charged with two felonies: larceny of hydrocodone, tramadol and phenobarbital and possession of hydrocodone with intent to distribute.

[Hyperlink to Above](#)

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The man appointed to temporarily lead New Hampshire's only veterans' hospital after several top officials were removed last summer has been named the facility's director.

Alfred Montoya had been serving as interim director of the Manchester VA Medical Center since July, when The Boston Globe reported on allegations of substandard care and treatment at the hospital.

He came to New Hampshire from Vermont, where he served as medical director at the White River Junction VA facility. Officials say his leadership in Manchester immediately improved care for New Hampshire veterans and has fostered unprecedented community collaboration.

A federal agency concluded last month that the Manchester facility failed to take whistleblowers seriously when they complained about a fly-infested operating room, surgical instruments that weren't always sterilized and patients who weren't treated properly.

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2. [Greater Choice for Veterans](#)

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In drafting legislation that would expand comprehensive caregiver benefits to severely injured veterans of all past wars, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, directed staff this month to start with the proposal announced by VA Secretary David Shulkin at a Feb. 6 committee hearing.

Shulkin said he supports extending caregiver benefits — which includes a monthly stipend, access to health care insurance, caregiver training, stress counseling and a period of paid respite away from caregiver responsibilities — to persons caring for veterans catastrophically injured in wars back to World War II.

However, as a condition for making benefits available to veterans injured before the Afghanistan and Iraq wars, Shulkin wants Congress to narrow eligibility criteria. Post-9/11 veterans now qualify for the comprehensive benefits if their physical or mental injuries prevent them from performing one or more activities of daily living, whether bathing, preparing meals or dressing themselves. It's a level caregiver need medical experts describe as Tier 1.

Shulkin proposes that Congress align the VA plan's eligibility criteria with other caregiver programs that provide benefits only if those injured cannot perform three or more activities of daily living, a Tier 3 threshold. He described this as a "more clinically appropriate criteria" than the Post-9/11 law mandated since 2011.

However, Shulkin said the 26,000 caregivers now drawing benefits under that law should be protected from the changes for as long as they meet the looser criteria. He also said the law should more clearly spell out that veterans are eligible for caregiver benefits if they suffer severe cognitive dysfunction.

"I think that's something we could carry to the Congress and get passed," Roe told Shulkin after he shared his proposal. No committee member disagreed.

If the VA caregiver program is expanded as Shulkin envisions, an additional 40,000 veterans would be eligible, he said. If current Post-9/11 benefits were extended to older generations unchanged, 188,000 veterans would be eligible.

In the Senate, its veterans affairs committee last December approved and sent to the full Senate the Caring for Our Veterans Act (S 2193), with has provisions to extend the current caregiver program to older generations of war-era veterans in two phases and at an estimated cost of \$3.4 billion over five years. Shulkin's more restricted plan presumably would cost a quarter of that total.

VA spent \$500 million last year on its comprehensive caregiver program. VA and veteran service groups both contend caregiver benefits actually save the government billions of dollars because home care avoids the greater cost of sending severely injured vets into nursing facilities. A senior VA official said cost-avoidance under Shulkin's plan could total \$2.5 billion by 2030.

The preference of veteran service organizations is that Congress pass the Senate committee's caregiver expansion, which they worked closely with Sen. Patty Murray, D-Washington, to shape and gain the support of her committee colleagues.

At the House hearing, however, Chairman Roe asked representatives of two veterans groups, and a nationwide advocacy group for caregivers, if they could support Shulkin's call to extend benefits to older generations but also limit eligibility to veterans with Tier 3 conditions.

"We certainly won't oppose any efforts to expand in any way," said Sarah Dean of Paralyzed Veterans of America, emphasizing the unmet needs of caregivers for older severely injured veterans. "And if starting with Tier 3 is what we have to do to start (benefits), we absolutely support that." But she added, "It just won't be the end of the conversation."

Steven Schwab, executive director of the Elizabeth Dole Foundation, said it was "encouraging" to hear VA seriously discuss extending benefits to older generations. The Foundation wants "to explore a timeline on how we move beyond Tier 3 and make sure that all pre-9/11 caregivers who need and deserve support with this benefit receive it (but) yeah, I think we're open to that."

Adrian Atizado with Disabled American Veterans Congress also didn't reject Shulkin's plan, noting that critically important benefits for veterans often start by Congress "making incremental improvements." But lawmakers shouldn't delay more actions to ensure every veteran "is equitably treated," Atizado added.

The Senate committee bill with caregiver expansion language is stalled in that chamber over part of the bill that would modify and extend the Choice program for allowing veterans access to non-VA or community health care. A spokeswoman for Sen. Johnny Isakson, R-Georgia, said the committee chairman continues to support his bill's caregiver expansion plan for older

generations of vets. But, said his spokeswoman, Isakson is “happy to take a look at what the House proposes.”

Senator Murray, on the other hand, rejects Shulkin’s compromise.

“We should be working to expand support for veterans’ caregivers, not restricting it even further,” Murray said. “I absolutely oppose this ... and I will fight against it any way I can in the Senate.”

Carlos Fuentes with Veterans of Foreign War said the Senate bill is the ideal and he disagreed with Shulkin that current eligibility rules are too loose.

“Frankly, it doesn’t matter how many activities of daily living a veteran isn’t able to perform. What matters is if they need the assistance of a caregiver. And there are some cases where being unable to perform one ADL — eating or going to the bathroom or another activity — requires the assistance of a caregiver,” he said.

“Doctors certainly should receive more guidance as to how to make those determinations,” Fuentes said. “But we think that savings [through cost avoidance] can be achieved by extending eligibility criteria as is.”

Veteran representatives spent much of their time before the House committee knocking down claims by Republicans that the current caregiver program is widely abused or offers benefits duplicative of other VA programs.

Two weeks after hearing, Roe said he supports expanding the caregiver program to older generations but “we must have an honest conversation about the right balance between both the cost and clinical appropriateness of any expansion.”

Therefore, he will hold a roundtable discussion with veteran service organizations and members of the House and Senate committees to get feedback on his proposed legislation. That will be followed by a televised hearing where he plans to move caregiver expansion legislation forward to the full House.

Caregivers of older generations should recognize now that it’s up to Congress to act, Shulkin suggested.

“This is really your decision,” he told the House committee. “The Senate and the House have to come to agreement on this.”

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3. Modernize Our System

4. Focus Resources More Efficiently

4.1 – New Haven Register: [Murphy, DeLauro visit West Haven, hear veterans' concerns](#)
(24 February, Luther Turmelle, 437k uvm; New Haven, CT)

U.S. Sen. Chris Murphy and U.S. Rep. Rosa DeLauro told a group of about three dozen military veterans Saturday morning they are continuing to fight for improved healthcare benefits for those who have served out country.

Murphy, D-Conn., said taking care of those who serve in the military is a critical element of the nation's defense. The gathering was held at the West Haven Veterans Museum on Hood Terrace.

"If people don't think they going to be taking care of when they come out, they're not sign up in the first place," Murphy said of the nation's all-volunteer armed services.

DeLauro, D-3, said both she and Murphy serve on the Appropriations Committee, which gives them an opportunity to influence how the government spends its money.

"We are looking at increasing the resources that are available," DeLauro said, especially for healthcare as well as employment and job training programs targeting veterans.

The two-year bipartisan federal budget agreement Congress approved earlier this month includes \$4 billion to upgrade U.S. Department of Veterans Affairs hospitals and clinics, Murphy said. Much of that money, he said, is targeted at fixing up building code violations at the health care facilities.

"The West Haven V.A. is a very old facility that needs a lot of work," Murphy said. "We're going to fight to bring as much of that money here as we can."

During the question and answer session of Saturday's meeting, several veterans in the audience told the lawmakers that the way the V.A. operates needs to be tinkered with.

Fred Jenks, a retired Marine Corps veteran from Cheshire, said the care V.A. hospitals provide is outstanding once those who have served in the armed services get through the bureaucracy. But, he said, changes need to be made in the system to help veterans who are returning home from the front navigate through the red tape.

"For someone coming back from a war zone who may be in fragile state, it (the V.A. bureaucracy) can be very frustrating," Jenks said. "Having a single point of contact or a group of people responsible for guiding people through would be very helpful."

The VA's healthcare workers would also benefit from a more consumer-driven approach to serving those in their care, he said.

"We do not exist to provide them with jobs," he told DeLauro and Murphy. "They exist to help us."

Carol Johnson, an Air Force veteran and a trustee of VFW New Haven Post 12150, said changes need to be made in the way the West Haven campus handles mental health care of those who have served in the military.

"Seventy-five percent of those seen on an out-patient basis are seen by residents," Johnson said. "They (the doctors doing their residencies) are good, but if you are a veteran being treated for trauma, you need time to develop a relationship with your physician. And the way things are now, residents get cycled out of the system every eight nine months."

[Back to Top](#)

4.2 – News Tribune: [Officials break ground on new, improved VA clinic](#) (24 February, Joe Gamm, 64k uvm; Jefferson City, MO)

Veterans' need for outpatient services in rural Missouri continues to grow, and the Department of Veterans Affairs is stepping in to help.

About 60 people gathered Friday afternoon for a groundbreaking ceremony for an expanded Community-Based Outpatient Clinic at 3430 W. Edgewood Drive in Jefferson City. When completed, likely in December, the clinic will replace the existing facility up the road at 2707 W. Edgewood Drive.

The new facility will increase the size of the clinic from approximately 7,600 square feet to approximately 10,500 square feet. The new facility will have 12 exam rooms, doubling the current facility's six.

It will provide primary care, behavioral health, audiology, podiatry, telemedicine, laboratory services and optometry, said Richard Burns, who specializes in internal medicine.

"We're excited to have a new facility," Burns said. "We're really tight in the current one."

David Isaacks, director of the Harry S Truman Memorial Veterans' Hospital, said since its opening in 2008, the number of patients treated at the clinic has grown. Doctors at the clinic treated about 4,500 veterans over the past year, Isaacks said Friday.

"Outpatient clinics are very important to our health system," Isaacks said. "They help us reach out to rural areas."

He said tele-health improves care further, allowing patients to receive specialty care without traveling to the hospital's main facility.

The expansion has been in planning stages for more than a year, VA spokesman Jeffrey Hoelscher said. It is expected to see a substantial increase in care, particularly for podiatry and optometry.

About 40,000 patients receive treatment at Truman VA hospitals and clinics annually, he said. The institution reaches 43 counties in Missouri and one in Illinois.

Most who use the clinic on Edgewood Drive are from Jefferson City, Fort Leonard Wood, Kirksville, Mexico, Marshfield, Lake of the Ozarks, Sedalia and St. James.

Nicholas Havens, chief of primary care at the veterans hospital, said growth at the clinic has been tremendous.

The "old" clinic was created in 2008. However, it has quickly been outgrown, Havens said.

"We've been adding on positions the entire time," Havens said. "For us, we think that's a good sign. This is health care that these guys are entitled to."

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4.3 - Manchester Ink Link: [Alfred Montoya appointed Manchester VA Medical Center Director](#) (24 February, Kristin Pressley; Manchester, NH)

The U.S. Department of Veterans Affairs (VA) announced on Feb. 23 the appointment of U.S. Air Force Veteran, Alfred Montoya Jr., MHA, VHA-CM as director at the Manchester VA Medical Center.

Montoya has served as the acting director at Manchester VA Medical Center since July of 2017 after an organizational crisis brought him to the facility. His leadership immediately improved care for New Hampshire Veterans, and his response advanced unprecedented community collaboration, innovation and opportunity.

Before arriving at Manchester, Montoya served as Medical Center Director at the White River Junction VA Medical Center. His proven leadership was applied at the Manchester VA with a focus on partnerships. "My work has been to bring people together to realize all that is possible for Veterans," said Montoya. "I am excited to continue this work, deepen relationships, and enhance collaboration across medical centers in Vermont and New Hampshire. In the last eight months, and with the dedicated staff at Manchester VA, we have made unprecedented change together, and I am humbled and honored to be appointed to be a permanent part of the team."

At the Manchester VA, Montoya will oversee a comprehensive healthcare system classified as a Complexity Level 3 facility that provides care to approximately 33,000 New Hampshire Veterans, with an operating budget of \$141+ million.

"The White River Junction VA Medical Center is grateful for the exceptional work Mr. Montoya accomplished during his time here," said Matthew Mulcahy, acting director, White River Junction VAMC. "It has been my pleasure to have had a chance to serve on Al's leadership team, and I look forward to continuing to strengthening our collaboration with Manchester VA, and offering the best care for our Veterans."

Montoya shared his appreciation with the staff at White River Junction.

"Words cannot express how appreciative I am of each and every one of you and what you do for our Veterans. I am grateful for the time I was able to spend in White River Junction, and I am grateful to continue my mission of caring for our nations heroes," Montoya said.

Manchester VA Medical Center is part of the VA New England Healthcare System which includes eight medical centers, located in the six New England States: Vermont, New Hampshire, Maine, Connecticut, Rhode Island, and Massachusetts. It is an integral part of VISN 1, headquartered in Bedford, Mass. Manchester VA Medical Center is comprised of one main campus located in Manchester, N.H. and four Community Based Outpatient Clinics (CBOCs) located in Conway, Portsmouth, Somersworth, and Tilton. The Portsmouth outpatient clinic is located at Pease Air National Guard Base.

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There was an article in the Wednesday Review-Journal regarding VA Secretary David Shulkin. He stated he had no intention of quitting despite findings of travel abuses connected to a trip to Europe.

It also stated that he issued a warning to VA staffers rebelling against him: Get back in line or get out.

Veterans have been lied to for years by the VA. Now we have a secretary who it appears has no trouble lying to get more perks for himself and his family.

I feel that veterans who have put their lives on the line defending this country need a VA secretary who works for veterans, not embarks upon his own agenda. We don't need a person with a big ego. We need a veterans advocate.

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Washington Democrats and their supporters have recruited and backed dozens of military veterans to run in this year's elections -- even sending some into deep-red districts to challenge

the Republican Party for the so-called “guns-and-God” vote and to achieve the party’s ultimate mission of taking control of the House.

“Veterans are especially appealing candidates in key swing districts,” Massachusetts Democratic Rep. Seth Moulton, who served four tours in Iraq and has been leading such efforts, told Fox News. “Veterans have credibility, not just with Democrats, but with independents and Republicans, as well. They’re the kind of people respected for their leadership, not just their politics.”

Moulton has endorsed 19 military veterans in this year’s House races and plans to back a total of 24 -- the exact number of seats Democrats must win to retake control of the House, with primary races starting in just a few months.

Republicans have, at least in elections in the past several decades, largely won the military vote, including the 2016 White House race in which Republican Donald Trump took 60 percent of the vote, according to exit polls.

However, Democrats see opportunity this year in what they consider the president’s lack of respect for the military -- including his offhanded remark about Arizona GOP Sen. John McCain being captured in Vietnam and the Trump’s public spat with a Gold Star military family.

Moulton, a first-term congressman and Harvard graduate, has at times been critical of Trump, even calling him “draft dodger.” (Trump received a series of student deferments while in college and a medical deferment after graduation, according to Selective Service records.)

But he’s also been outspoken about Washington Democrats and their continued anti-Trump platform, instead touting a pro-jobs message and cultivating what he calls “the next generation of Democrats,” including military veterans.

VoteVets.org, a liberal-leaning political action committee, is backing 36 Democratic military veterans in this year’s congressional races -- three sitting senators and 33 House incumbents or challengers.

The group was founded in 2006 to help veterans of the Iraq and Afghanistan wars, and who were opposed to the Iraq War, get elected to Congress.

Four of the group’s roughly 46 veteran candidates that year won their congressional race, enough to help Democrats retake the House.

But the group has higher expectations this year, largely because of the “tremendous amount of anti-Trump sentiment” and Democrats being “shut out of everything” from the White House to Congress to statehouses across the country, says Jon Soltz, VoteVets chairman and co-founder.

He also maintains that 2018 candidates are in a better position to win than those in previous years -- considering what they’ve done since leaving the military, and because they have a more solid “infrastructure” of successful Democratic veterans in Congress.

Among the names he mentioned were Moulton, Hawaii Rep. Tulsi Gabbard and Illinois Sen. Tammy Duckworth, who in fact lost in 2006, when she first ran for a House seat.

“There’s big difference now,” said Soltz, who points to candidates like Christina Houlahan, a former Air Force officer and nonprofit CEO with degrees from Stanford, the Massachusetts Institute of Technology and the University of Pennsylvania.

“There’s a broader definition of service,” Soltz continued. “Candidates are much more professional.”

Houlahan is running in the Democratic primary in Pennsylvania's 6th Congressional District, a suburban Philadelphia seat occupied by GOP incumbent Rep. Ryan Costello. He won re-election in 2016 by 14 percentage points. But Trump and Democratic presidential nominee Hillary Clinton essentially tied in the district.

Still, Democrats' efforts to run top-tier veteran candidates to help win back white middle-class voters who went for Trump will be stiff challenge.

The two-year budget deal recently passed by Congress had bipartisan support but was led by Republicans in the GOP-controlled Congress who successfully argued the increased spending in the \$400 billion agreement was needed to keep the U.S. military from deteriorating under austere spending caps.

“Our government has no higher responsibility than to support our men and women who are in harm’s way,” House Speaker Paul Ryan, R-Wis., said about the measure, which raised the cap on military spending by roughly \$160 billion.

In addition, the tax cuts signed last year by Trump, after being passed in Congress without a single Democratic vote, is also presenting a challenge to Democrats, who once appeared poised to have a wave election.

Two recent polls show Democrats losing double-digits leads in so-called “generic” polls that ask potential voters which party they prefer in congressional races, even though history shows the party that doesn’t control the White House historically picks up about 30 seats in a midterm.

The Republican National Committee and the National Republican Congressional Committee, whose mission is to help Republicans get elected and reelected to the House, did not respond to requests for comment for this story.

The Democratic Congressional Campaign Committee, the NRCC’s counterpart, told Fox News on Friday that it has more than 40 military veteran candidates in midterm races.

“We’re excited by the incredible candidates with records of service to their nation that have stepped up to run for office this cycle,” said DCCC spokesman Tyler Law. “There’s no doubt that veterans have unique qualifications and experiences that give them important credibility with Democrats, Independents, and Republican voters alike.”

The first real test could come in just a few weeks -- in western Pennsylvania where Democratic nominee Conor Lamb, a federal prosecutor and ex-Marine with an Ivy League law degree, is competing for an open seat against Republican nominee Rick Saccone, a state lawmaker and Air Force veteran.

Trump won the district by nearly 20 points. Lamb is keeping the race close, trailing by about 3 percentage points with voting for the special election on March 13.

Lamb continues to argue that the tax cuts are more of a gift to corporations than to the middle class and that they could have been enacted without increasing the federal debt.

The 33-year-old candidate has also tried to distance himself from the Washington establishment, particularly House Minority Leader Nancy Pelosi, who has said the employee bonuses related to the tax cuts amount to “crumbs.”

Meanwhile, Washington Republicans and their political action groups are reportedly spending millions on TV and digital ads to protect the seat.

“Everyone (except Lamb) must be seeing the latest round of polling that shows public support way up for the Republican tax cuts,” the RNC said last week.

In addition, Vice President Pence has stumped in the district for Saccone, and Trump plans to visit before Election Day.

The DCCC seems noncommittal about whether it will continue to put money into the race.

“We’ll continue to monitor that election day by day,” group chairman Rep. Ben Ray Lujan recently said. “But make no mistake, Conor will have the resources he needs to compete.”

Still, his statement is not being viewed as a sign of defeat.

Moulton and others last summer blasted establishment Democrats for investing so much in their failed effort to win a special election congressional race in the Atlanta suburbs, which likely has them trying to avoid the same mistake, as outside groups continue to help Lamb.

Among the other highly touted Democratic military veteran candidates this year are Navy veteran Gil Cisneros, running for the House seat in Southern California now left open by retiring GOP Rep. Ed Royce, and Mikie Sherrill, a Naval Academy graduate and former helicopter pilot competing for the House seat left open by retiring GOP Rep. Rodney Frelinghuysen, chairman of the House Appropriations Committee

“She just scared him out the race because she’s just an incredible leader,” Moulton recent said on NBC’s “Late Night with Seth Meyers.”

At the beginning of the 115th Congress, 102 members were either serving or had served in the military. That number was one more than at the beginning of the 114th Congress but six fewer than at the beginning of the 113th Congress. The House has 79 veterans and the Senate has 19, according to information from the Congressional Research Service to Fox News.

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8.2 – Holy City Sinner: [Trident VA Outpatient Clinic Hosts Veteran Health Fair](#) (24 February, Charleston, SC)

On Wednesday, February 28th, the Ralph H. Johnson VA Medical Center’s Trident VA Outpatient Clinic will host their inaugural Veteran Health Fair from 9 am to 1 pm at the clinic located at 9237 University Blvd., North Charleston.

Informational booths provided at the health fair will include the following VA services: Eligibility and Enrollment, Mental Health, Suicide Prevention, MOVE! Dietitians, Pharmacy, Transition & Care Management, Patient Advocates, Charleston Vet Center, the Minority Veteran Program, and MyHealtheVet. Community organizations like Project Healing Waters Fly Fishing and the Department of Natural Resources will also be in attendance. VA nurses will be providing on-site blood pressure checks and flu shots.

“We see this as a great opportunity to integrate the community and our VA clinic,” said Jamie Robinson, Trident VA Outpatient Clinic LPN and one of the organizers of the health fair. “We want to let Veterans know what is available to them and give them the opportunity to enroll if they haven’t yet. Our clinic serves about 10,000 Lowcountry Veterans, but we know there are more in the area we can help.”

This event is open to all Veterans and on-site parking is available.

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8.3 – Lawton Constitution: [Local Woman Charged With Stealing Mailed Prescription Painkillers](#) (24 February, Vicky Smith, 47.6k uvm; Lawton, OK)

A former employee of a local delivery service is alleged to have stolen a package of prescription medication addressed from the Veterans Administration.

Lawton resident Regina E. Gossett, 37, is charged with two felonies: larceny of hydrocodone, tramadol and phenobarbital and possession of hydrocodone with intent to distribute.

According to an affidavit, a security officer for the delivery service told Lawton Police Sgt. Jessie Martinez that Gossett, who was an employee at the time of the crime, was caught on surveillance video taking the package. During an interview, she allegedly admitted to Martinez that she stole the package around 6:15 p.m. on Valentine's Day. It was later discovered that the package contained prescription medication.

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Veterans Affairs Media Summary and News Clips

25 February 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Acting Director Appointed to Permanent Post at Manchester VA](#) (24 February, 24M uvm; Washington, DC)

The man appointed to temporarily lead New Hampshire's only veterans' hospital after several top officials were removed last summer has been named the facility's director. Alfred Montoya had been serving as interim director of the Manchester VA Medical Center since July, when The Boston Globe reported on allegations of substandard care and treatment at the hospital.

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2. [Greater Choice for Veterans](#)

2.1 – Pensacola News Journal: [Philpott: VA, Rep. Roe tie caregiver benefit expansion to tightened eligibility](#) (24 February, Tom Philpott, 439k uvm; Pensacola, FL)

In drafting legislation that would expand comprehensive caregiver benefits to severely injured veterans of all past wars, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, directed staff this month to start with the proposal announced by VA Secretary David Shulkin at a Feb. 6 committee hearing.

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3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

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Alfred Montoya had been serving as interim director of the Manchester VA Medical Center since July, when The Boston Globe reported on allegations of substandard care and treatment at the hospital.

He came to New Hampshire from Vermont, where he served as medical director at the White River Junction VA facility. Officials say his leadership in Manchester immediately improved care for New Hampshire veterans and has fostered unprecedented community collaboration.

A federal agency concluded last month that the Manchester facility failed to take whistleblowers seriously when they complained about a fly-infested operating room, surgical instruments that weren't always sterilized and patients who weren't treated properly.

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Shulkin said he supports extending caregiver benefits — which includes a monthly stipend, access to health care insurance, caregiver training, stress counseling and a period of paid respite away from caregiver responsibilities — to persons caring for veterans catastrophically injured in wars back to World War II.

However, as a condition for making benefits available to veterans injured before the Afghanistan and Iraq wars, Shulkin wants Congress to narrow eligibility criteria. Post-9/11 veterans now qualify for the comprehensive benefits if their physical or mental injuries prevent them from performing one or more activities of daily living, whether bathing, preparing meals or dressing themselves. It's a level caregiver need medical experts describe as Tier 1.

Shulkin proposes that Congress align the VA plan's eligibility criteria with other caregiver programs that provide benefits only if those injured cannot perform three or more activities of daily living, a Tier 3 threshold. He described this as a "more clinically appropriate criteria" than the Post-9/11 law mandated since 2011.

However, Shulkin said the 26,000 caregivers now drawing benefits under that law should be protected from the changes for as long as they meet the looser criteria. He also said the law should more clearly spell out that veterans are eligible for caregiver benefits if they suffer severe cognitive dysfunction.

"I think that's something we could carry to the Congress and get passed," Roe told Shulkin after he shared his proposal. No committee member disagreed.

If the VA caregiver program is expanded as Shulkin envisions, an additional 40,000 veterans would be eligible, he said. If current Post-9/11 benefits were extended to older generations unchanged, 188,000 veterans would be eligible.

In the Senate, its veterans affairs committee last December approved and sent to the full Senate the Caring for Our Veterans Act (S 2193), which has provisions to extend the current caregiver program to older generations of war-era veterans in two phases and at an estimated cost of \$3.4 billion over five years. Shulkin's more restricted plan presumably would cost a quarter of that total.

VA spent \$500 million last year on its comprehensive caregiver program. VA and veteran service groups both contend caregiver benefits actually save the government billions of dollars because home care avoids the greater cost of sending severely injured vets into nursing facilities. A senior VA official said cost-avoidance under Shulkin's plan could total \$2.5 billion by 2030.

The preference of veteran service organizations is that Congress pass the Senate committee's caregiver expansion, which they worked closely with Sen. Patty Murray, D-Washington, to shape and gain the support of her committee colleagues.

At the House hearing, however, Chairman Roe asked representatives of two veterans groups, and a nationwide advocacy group for caregivers, if they could support Shulkin's call to extend benefits to older generations but also limit eligibility to veterans with Tier 3 conditions.

"We certainly won't oppose any efforts to expand in any way," said Sarah Dean of Paralyzed Veterans of America, emphasizing the unmet needs of caregivers for older severely injured veterans. "And if starting with Tier 3 is what we have to do to start (benefits), we absolutely support that." But she added, "It just won't be the end of the conversation."

Steven Schwab, executive director of the Elizabeth Dole Foundation, said it was "encouraging" to hear VA seriously discuss extending benefits to older generations. The Foundation wants "to explore a timeline on how we move beyond Tier 3 and make sure that all pre-9/11 caregivers who need and deserve support with this benefit receive it (but) yeah, I think we're open to that."

Adrian Atizado with Disabled American Veterans Congress also didn't reject Shulkin's plan, noting that critically important benefits for veterans often start by Congress "making incremental improvements." But lawmakers shouldn't delay more actions to ensure every veteran "is equitably treated," Atizado added.

The Senate committee bill with caregiver expansion language is stalled in that chamber over part of the bill that would modify and extend the Choice program for allowing veterans access to non-VA or community health care. A spokeswoman for Sen. Johnny Isakson, R-Georgia, said the committee chairman continues to support his bill's caregiver expansion plan for older

generations of vets. But, said his spokeswoman, Isakson is “happy to take a look at what the House proposes.”

Senator Murray, on the other hand, rejects Shulkin’s compromise.

“We should be working to expand support for veterans’ caregivers, not restricting it even further,” Murray said. “I absolutely oppose this ... and I will fight against it any way I can in the Senate.”

Carlos Fuentes with Veterans of Foreign War said the Senate bill is the ideal and he disagreed with Shulkin that current eligibility rules are too loose.

“Frankly, it doesn’t matter how many activities of daily living a veteran isn’t able to perform. What matters is if they need the assistance of a caregiver. And there are some cases where being unable to perform one ADL — eating or going to the bathroom or another activity — requires the assistance of a caregiver,” he said.

“Doctors certainly should receive more guidance as to how to make those determinations,” Fuentes said. “But we think that savings [through cost avoidance] can be achieved by extending eligibility criteria as is.”

Veteran representatives spent much of their time before the House committee knocking down claims by Republicans that the current caregiver program is widely abused or offers benefits duplicative of other VA programs.

Two weeks after hearing, Roe said he supports expanding the caregiver program to older generations but “we must have an honest conversation about the right balance between both the cost and clinical appropriateness of any expansion.”

Therefore, he will hold a roundtable discussion with veteran service organizations and members of the House and Senate committees to get feedback on his proposed legislation. That will be followed by a televised hearing where he plans to move caregiver expansion legislation forward to the full House.

Caregivers of older generations should recognize now that it’s up to Congress to act, Shulkin suggested.

“This is really your decision,” he told the House committee. “The Senate and the House have to come to agreement on this.”

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3. Modernize Our System

4. Focus Resources More Efficiently

4.1 – New Haven Register: [Murphy, DeLauro visit West Haven, hear veterans' concerns](#)
(24 February, Luther Turmelle, 437k uvm; New Haven, CT)

U.S. Sen. Chris Murphy and U.S. Rep. Rosa DeLauro told a group of about three dozen military veterans Saturday morning they are continuing to fight for improved healthcare benefits for those who have served out country.

Murphy, D-Conn., said taking care of those who serve in the military is a critical element of the nation's defense. The gathering was held at the West Haven Veterans Museum on Hood Terrace.

"If people don't think they going to be taking care of when they come out, they're not sign up in the first place," Murphy said of the nation's all-volunteer armed services.

DeLauro, D-3, said both she and Murphy serve on the Appropriations Committee, which gives them an opportunity to influence how the government spends its money.

"We are looking at increasing the resources that are available," DeLauro said, especially for healthcare as well as employment and job training programs targeting veterans.

The two-year bipartisan federal budget agreement Congress approved earlier this month includes \$4 billion to upgrade U.S. Department of Veterans Affairs hospitals and clinics, Murphy said. Much of that money, he said, is targeted at fixing up building code violations at the health care facilities.

"The West Haven V.A. is a very old facility that needs a lot of work," Murphy said. "We're going to fight to bring as much of that money here as we can."

During the question and answer session of Saturday's meeting, several veterans in the audience told the lawmakers that the way the V.A. operates needs to be tinkered with.

Fred Jenks, a retired Marine Corps veteran from Cheshire, said the care V.A. hospitals provide is outstanding once those who have served in the armed services get through the bureaucracy. But, he said, changes need to be made in the system to help veterans who are returning home from the front navigate through the red tape.

"For someone coming back from a war zone who may be in fragile state, it (the V.A. bureaucracy) can be very frustrating," Jenks said. "Having a single point of contact or a group of people responsible for guiding people through would be very helpful."

The VA's healthcare workers would also benefit from a more consumer-driven approach to serving those in their care, he said.

"We do not exist to provide them with jobs," he told DeLauro and Murphy. "They exist to help us."

Carol Johnson, an Air Force veteran and a trustee of VFW New Haven Post 12150, said changes need to be made in the way the West Haven campus handles mental health care of those who have served in the military.

"Seventy-five percent of those seen on an out-patient basis are seen by residents," Johnson said. "They (the doctors doing their residencies) are good, but if you are a veteran being treated for trauma, you need time to develop a relationship with your physician. And the way things are now, residents get cycled out of the system every eight nine months."

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4.2 – News Tribune: [Officials break ground on new, improved VA clinic](#) (24 February, Joe Gamm, 64k uvm; Jefferson City, MO)

Veterans' need for outpatient services in rural Missouri continues to grow, and the Department of Veterans Affairs is stepping in to help.

About 60 people gathered Friday afternoon for a groundbreaking ceremony for an expanded Community-Based Outpatient Clinic at 3430 W. Edgewood Drive in Jefferson City. When completed, likely in December, the clinic will replace the existing facility up the road at 2707 W. Edgewood Drive.

The new facility will increase the size of the clinic from approximately 7,600 square feet to approximately 10,500 square feet. The new facility will have 12 exam rooms, doubling the current facility's six.

It will provide primary care, behavioral health, audiology, podiatry, telemedicine, laboratory services and optometry, said Richard Burns, who specializes in internal medicine.

"We're excited to have a new facility," Burns said. "We're really tight in the current one."

David Isaacks, director of the Harry S Truman Memorial Veterans' Hospital, said since its opening in 2008, the number of patients treated at the clinic has grown. Doctors at the clinic treated about 4,500 veterans over the past year, Isaacks said Friday.

"Outpatient clinics are very important to our health system," Isaacks said. "They help us reach out to rural areas."

He said tele-health improves care further, allowing patients to receive specialty care without traveling to the hospital's main facility.

The expansion has been in planning stages for more than a year, VA spokesman Jeffrey Hoelscher said. It is expected to see a substantial increase in care, particularly for podiatry and optometry.

About 40,000 patients receive treatment at Truman VA hospitals and clinics annually, he said. The institution reaches 43 counties in Missouri and one in Illinois.

Most who use the clinic on Edgewood Drive are from Jefferson City, Fort Leonard Wood, Kirksville, Mexico, Marshfield, Lake of the Ozarks, Sedalia and St. James.

Nicholas Havens, chief of primary care at the veterans hospital, said growth at the clinic has been tremendous.

The "old" clinic was created in 2008. However, it has quickly been outgrown, Havens said.

"We've been adding on positions the entire time," Havens said. "For us, we think that's a good sign. This is health care that these guys are entitled to."

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4.3 - Manchester Ink Link: [Alfred Montoya appointed Manchester VA Medical Center Director](#) (24 February, Kristin Pressley; Manchester, NH)

The U.S. Department of Veterans Affairs (VA) announced on Feb. 23 the appointment of U.S. Air Force Veteran, Alfred Montoya Jr., MHA, VHA-CM as director at the Manchester VA Medical Center.

Montoya has served as the acting director at Manchester VA Medical Center since July of 2017 after an organizational crisis brought him to the facility. His leadership immediately improved care for New Hampshire Veterans, and his response advanced unprecedented community collaboration, innovation and opportunity.

Before arriving at Manchester, Montoya served as Medical Center Director at the White River Junction VA Medical Center. His proven leadership was applied at the Manchester VA with a focus on partnerships. "My work has been to bring people together to realize all that is possible for Veterans," said Montoya. "I am excited to continue this work, deepen relationships, and enhance collaboration across medical centers in Vermont and New Hampshire. In the last eight months, and with the dedicated staff at Manchester VA, we have made unprecedented change together, and I am humbled and honored to be appointed to be a permanent part of the team."

At the Manchester VA, Montoya will oversee a comprehensive healthcare system classified as a Complexity Level 3 facility that provides care to approximately 33,000 New Hampshire Veterans, with an operating budget of \$141+ million.

"The White River Junction VA Medical Center is grateful for the exceptional work Mr. Montoya accomplished during his time here," said Matthew Mulcahy, acting director, White River Junction VAMC. "It has been my pleasure to have had a chance to serve on Al's leadership team, and I look forward to continuing to strengthening our collaboration with Manchester VA, and offering the best care for our Veterans."

Montoya shared his appreciation with the staff at White River Junction.

"Words cannot express how appreciative I am of each and every one of you and what you do for our Veterans. I am grateful for the time I was able to spend in White River Junction, and I am grateful to continue my mission of caring for our nations heroes," Montoya said.

Manchester VA Medical Center is part of the VA New England Healthcare System which includes eight medical centers, located in the six New England States: Vermont, New Hampshire, Maine, Connecticut, Rhode Island, and Massachusetts. It is an integral part of VISN 1, headquartered in Bedford, Mass. Manchester VA Medical Center is comprised of one main campus located in Manchester, N.H. and four Community Based Outpatient Clinics (CBOCs) located in Conway, Portsmouth, Somersworth, and Tilton. The Portsmouth outpatient clinic is located at Pease Air National Guard Base.

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It also stated that he issued a warning to VA staffers rebelling against him: Get back in line or get out.

Veterans have been lied to for years by the VA. Now we have a secretary who it appears has no trouble lying to get more perks for himself and his family.

I feel that veterans who have put their lives on the line defending this country need a VA secretary who works for veterans, not embarks upon his own agenda. We don't need a person with a big ego. We need a veterans advocate.

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Washington Democrats and their supporters have recruited and backed dozens of military veterans to run in this year's elections -- even sending some into deep-red districts to challenge

the Republican Party for the so-called “guns-and-God” vote and to achieve the party’s ultimate mission of taking control of the House.

“Veterans are especially appealing candidates in key swing districts,” Massachusetts Democratic Rep. Seth Moulton, who served four tours in Iraq and has been leading such efforts, told Fox News. “Veterans have credibility, not just with Democrats, but with independents and Republicans, as well. They’re the kind of people respected for their leadership, not just their politics.”

Moulton has endorsed 19 military veterans in this year’s House races and plans to back a total of 24 -- the exact number of seats Democrats must win to retake control of the House, with primary races starting in just a few months.

Republicans have, at least in elections in the past several decades, largely won the military vote, including the 2016 White House race in which Republican Donald Trump took 60 percent of the vote, according to exit polls.

However, Democrats see opportunity this year in what they consider the president’s lack of respect for the military -- including his offhanded remark about Arizona GOP Sen. John McCain being captured in Vietnam and the Trump’s public spat with a Gold Star military family.

Moulton, a first-term congressman and Harvard graduate, has at times been critical of Trump, even calling him “draft dodger.” (Trump received a series of student deferments while in college and a medical deferment after graduation, according to Selective Service records.)

But he’s also been outspoken about Washington Democrats and their continued anti-Trump platform, instead touting a pro-jobs message and cultivating what he calls “the next generation of Democrats,” including military veterans.

VoteVets.org, a liberal-leaning political action committee, is backing 36 Democratic military veterans in this year’s congressional races -- three sitting senators and 33 House incumbents or challengers.

The group was founded in 2006 to help veterans of the Iraq and Afghanistan wars, and who were opposed to the Iraq War, get elected to Congress.

Four of the group’s roughly 46 veteran candidates that year won their congressional race, enough to help Democrats retake the House.

But the group has higher expectations this year, largely because of the “tremendous amount of anti-Trump sentiment” and Democrats being “shut out of everything” from the White House to Congress to statehouses across the country, says Jon Soltz, VoteVets chairman and co-founder.

He also maintains that 2018 candidates are in a better position to win than those in previous years -- considering what they’ve done since leaving the military, and because they have a more solid “infrastructure” of successful Democratic veterans in Congress.

Among the names he mentioned were Moulton, Hawaii Rep. Tulsi Gabbard and Illinois Sen. Tammy Duckworth, who in fact lost in 2006, when she first ran for a House seat.

“There’s big difference now,” said Soltz, who points to candidates like Christina Houlahan, a former Air Force officer and nonprofit CEO with degrees from Stanford, the Massachusetts Institute of Technology and the University of Pennsylvania.

“There’s a broader definition of service,” Soltz continued. “Candidates are much more professional.”

Houlahan is running in the Democratic primary in Pennsylvania's 6th Congressional District, a suburban Philadelphia seat occupied by GOP incumbent Rep. Ryan Costello. He won re-election in 2016 by 14 percentage points. But Trump and Democratic presidential nominee Hillary Clinton essentially tied in the district.

Still, Democrats' efforts to run top-tier veteran candidates to help win back white middle-class voters who went for Trump will be stiff challenge.

The two-year budget deal recently passed by Congress had bipartisan support but was led by Republicans in the GOP-controlled Congress who successfully argued the increased spending in the \$400 billion agreement was needed to keep the U.S. military from deteriorating under austere spending caps.

“Our government has no higher responsibility than to support our men and women who are in harm’s way,” House Speaker Paul Ryan, R-Wis., said about the measure, which raised the cap on military spending by roughly \$160 billion.

In addition, the tax cuts signed last year by Trump, after being passed in Congress without a single Democratic vote, is also presenting a challenge to Democrats, who once appeared poised to have a wave election.

Two recent polls show Democrats losing double-digits leads in so-called “generic” polls that ask potential voters which party they prefer in congressional races, even though history shows the party that doesn’t control the White House historically picks up about 30 seats in a midterm.

The Republican National Committee and the National Republican Congressional Committee, whose mission is to help Republicans get elected and reelected to the House, did not respond to requests for comment for this story.

The Democratic Congressional Campaign Committee, the NRCC’s counterpart, told Fox News on Friday that it has more than 40 military veteran candidates in midterm races.

“We’re excited by the incredible candidates with records of service to their nation that have stepped up to run for office this cycle,” said DCCC spokesman Tyler Law. “There’s no doubt that veterans have unique qualifications and experiences that give them important credibility with Democrats, Independents, and Republican voters alike.”

The first real test could come in just a few weeks -- in western Pennsylvania where Democratic nominee Conor Lamb, a federal prosecutor and ex-Marine with an Ivy League law degree, is competing for an open seat against Republican nominee Rick Saccone, a state lawmaker and Air Force veteran.

Trump won the district by nearly 20 points. Lamb is keeping the race close, trailing by about 3 percentage points with voting for the special election on March 13.

Lamb continues to argue that the tax cuts are more of a gift to corporations than to the middle class and that they could have been enacted without increasing the federal debt.

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In addition, Vice President Pence has stumped in the district for Saccone, and Trump plans to visit before Election Day.

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“We’ll continue to monitor that election day by day,” group chairman Rep. Ben Ray Lujan recently said. “But make no mistake, Conor will have the resources he needs to compete.”

Still, his statement is not being viewed as a sign of defeat.

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Among the other highly touted Democratic military veteran candidates this year are Navy veteran Gil Cisneros, running for the House seat in Southern California now left open by retiring GOP Rep. Ed Royce, and Mikie Sherrill, a Naval Academy graduate and former helicopter pilot competing for the House seat left open by retiring GOP Rep. Rodney Frelinghuysen, chairman of the House Appropriations Committee

“She just scared him out the race because she’s just an incredible leader,” Moulton recent said on NBC’s “Late Night with Seth Meyers.”

At the beginning of the 115th Congress, 102 members were either serving or had served in the military. That number was one more than at the beginning of the 114th Congress but six fewer than at the beginning of the 113th Congress. The House has 79 veterans and the Senate has 19, according to information from the Congressional Research Service to Fox News.

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8.2 – Holy City Sinner: [Trident VA Outpatient Clinic Hosts Veteran Health Fair](#) (24 February, Charleston, SC)

On Wednesday, February 28th, the Ralph H. Johnson VA Medical Center’s Trident VA Outpatient Clinic will host their inaugural Veteran Health Fair from 9 am to 1 pm at the clinic located at 9237 University Blvd., North Charleston.

Informational booths provided at the health fair will include the following VA services: Eligibility and Enrollment, Mental Health, Suicide Prevention, MOVE! Dietitians, Pharmacy, Transition & Care Management, Patient Advocates, Charleston Vet Center, the Minority Veteran Program, and MyHealtheVet. Community organizations like Project Healing Waters Fly Fishing and the Department of Natural Resources will also be in attendance. VA nurses will be providing on-site blood pressure checks and flu shots.

“We see this as a great opportunity to integrate the community and our VA clinic,” said Jamie Robinson, Trident VA Outpatient Clinic LPN and one of the organizers of the health fair. “We want to let Veterans know what is available to them and give them the opportunity to enroll if they haven’t yet. Our clinic serves about 10,000 Lowcountry Veterans, but we know there are more in the area we can help.”

This event is open to all Veterans and on-site parking is available.

[Back to Top](#)

8.3 – Lawton Constitution: [Local Woman Charged With Stealing Mailed Prescription Painkillers](#) (24 February, Vicky Smith, 47.6k uvm; Lawton, OK)

A former employee of a local delivery service is alleged to have stolen a package of prescription medication addressed from the Veterans Administration.

Lawton resident Regina E. Gossett, 37, is charged with two felonies: larceny of hydrocodone, tramadol and phenobarbital and possession of hydrocodone with intent to distribute.

According to an affidavit, a security officer for the delivery service told Lawton Police Sgt. Jessie Martinez that Gossett, who was an employee at the time of the crime, was caught on surveillance video taking the package. During an interview, she allegedly admitted to Martinez that she stole the package around 6:15 p.m. on Valentine's Day. It was later discovered that the package contained prescription medication.

[Back to Top](#)

From: Hutton, James (b) (6)
To: (b) (6)
Cc: Ulliyot, John (b) (6)
Leinenkugel,
Jake (b) (6)
Wagner, John
(Wolf) (b) (6)
Cashour, Curtis
<(b) (6)>
<(b) (6)>; Hutton, James
<(b) (6)>; Spero, Casin
D. (b) (6)
Bcc:
Subject: New York Times Article about VA
Date: Mon Jan 01 2018 12:01:28 CST
Attachments:

All,

The link below to a New York Times article online today is for your information. It is about the Roseburg VA Medical Center.

<https://mobile.nytimes.com/2018/01/01/us/at-veterans-hospital-in-oregon-a-push-for-better-ratings-puts-patients-at-risk-doctors-say.html?referer=>

James

VA's full response to the Times can be found in the email below. The paper neglected to include most of it.

—
The Roseburg VAHCS is a one-star facility according to SAIL data. On its face, this shows there is no manipulation of data because, if the facility were manipulating data to boost its rating, wouldn't it be getting a higher score?

The answer is that it's not manipulating data, but rather basing admissions decisions on the actual clinical capabilities of the facility.

Roseburg VA Health Care System admits patients based on InterQual criteria, which is the industry standard for U.S. health care. All admission decisions are based on the hospital's ability to provide the

care patients require and are made by clinicians, including the facility chief of staff and her clinical chiefs of service – non-clinical administrators have nothing to do with these decisions.

At its core, the Roseburg VAHCS is primarily an outpatient center, and that's why the hospital's clinical leadership has made clear to its physicians that the facility has limited capabilities to care for patients with certain clinical conditions that are far better treated in nearby community hospitals.

This is precisely why we're being transparent with our doctors about the conditions that the facility is unable to treat, because it's in Veterans' best interests for them to be seen at other hospitals in the community with greater capabilities to deliver them the best care for those conditions.

Secretary Shulkin has made clear that, under his leadership, VA is going to leverage the best of the private sector with the best of VA's own clinical capabilities. And, in the case of Roseburg, which has no intensive care unit and limited surgical capabilities, we are ensuring that Veterans receive the best care, whether from VA or in the community. In doing so, VA works closely with Veterans and community providers to coordinate such care.

Just as the Manchester, New Hampshire VA Medical Center is doing, Roseburg VAHCS is partnering deliberately with nearby community hospitals to deliver Veterans the best possible care based on the facility's actual clinical care capabilities.

Sent with Good (www.good.com)

From: (b) (6)
To: Spero, Casin D. (b) (6)
Cc:
Bcc:
Subject: RE: (No Subject)
Date: Tue Nov 21 2017 10:41:48 CST
Attachments: image001.jpg
image002.jpg
image003.jpg

Fine to use usatoday but I dont like calling someone dishonest- maybe we can soften it to those pushing a privatization theory don't have it right-

Sent with Good (www.good.com)

From: Spero, Casin D.
Sent: Tuesday, November 21, 2017 8:36:01 AM
To: DJS
Cc: Ulliyot, John; Cashour, Curtis
Subject: Re: (No Subject)

Sir,

We don't recommend sharing the WSJ article, but instead your USA Today Op-Ed which refutes the privatization claims.

We came to a consensus on the following which we can post with your approval:

Improving and strengthening @DeptVetAffairs services requires reforms and new ways of thinking. Those pushing the "privatization" myth aren't being honest. I've said repeatedly that won't happen on my watch. <https://www.usatoday.com/story/opinion/2017/07/24/veterans-health-care-will-not-be-privatized-david-shulkin-column/499417001/>

Thank you,
Casin

From: (b) (6)
Date: Tuesday, November 21, 2017 at 11:03 AM
To: Department of Veterans Affairs Department of Veterans Affairs <casin.spero@va.gov>
Subject: FW: (No Subject)

I want to post this article below on twitter with the following from me

Working to improve VA and strengthen VA services requires reforms and new ways of thinking but does not mean privatization. Our veterans need a strong VA and I am not supportive of privatizing this vital national resource.

Sent with Good (www.good.com)

From: (b) (6)
Sent: Monday, November 20, 2017 5:55:17 AM
To: DJS; Ulyot, John
Subject: RE:

VA Secretary Shulkin Wants Bigger Role for Private Health Care

Agency's top official says hospital system should compete with outside providers

Veterans Affairs Secretary David Shulkin, shown earlier this month, has enjoyed rare bipartisan support. Photo: Jacquelyn Martin/Associated Press

By

Ben Kesling and Peter Nicholas

WASHINGTON—The top official at the Department of Veterans Affairs said he wants private-sector providers to play a larger role in veterans' health care, a view likely to draw opposition for a Trump cabinet member who has enjoyed rare bipartisan support.

David Shulkin said in an interview that he wants to make the VA's hospital system compete with private-sector providers for military veteran customers, which he said would give veterans greater choice over their health care.

His view on the future of the VA resembles that of the politically conservative Koch brothers, who recently announced they are launching a major effort to reshape the future of the nation's largest health-care system.

"The direction I'm taking this is to give veterans more choice in their care," Dr. Shulkin said, speaking from his office, "and be the decision maker for their care, which I fundamentally believe is a concept that has to be implemented."

House and Senate committees on veterans affairs are crafting legislation that would steer the future of private care at the VA. It would replace a law passed in 2014 in the wake of a wait time scandal. That law dramatically increased the number of appointments veterans get in the private sector using VA funding.

Created with Highcharts 5.0.14
Making A Dent
Extended wait times for VA hospital appointments have decreased significantly since early 2016. VA appointments scheduled exceeding 90 days
THE WALL STREET JOURNAL
Source: Department of Veterans Affairs

Created with Highcharts 5.0.14
2015201620170100200300400500600700800

While lawmakers and major veterans advocates have praised Dr. Shulkin's efforts at the department, a number of Democrats and veterans organizations have said they would oppose what they consider to be steps toward privatization. Some say this approach increases access to health care, while opponents argue it slowly chokes off funding to government-run facilities.

Other major veterans advocacy groups have pledged to fight privatization moves, though some said Dr. Shulkin's vision for the department is a seemingly new position for him.

"We have not heard Secretary Shulkin say that, and we are pleased with how transparent he's been," said Kayda Keleher, spokeswoman for Veterans of Foreign Wars, a major advocacy organization.

She said her organization's position is that the VA has to remain at the center of care. "There is no provider and there's no health-care insurance that doesn't have someone watching over their insurance plan," she said.

Dr. Shulkin said the main impediment under the existing VA structure to giving veterans what he called "full, unrestricted choice"—or minimizing the VA's role as the coordinator or gatekeeper of health care—is cost. The Congressional Budget Office has estimated that extensive outsourcing of veterans care to the private sector would balloon budgets at the VA by tens of billions of dollars.

The VA serves as the coordinator of care, meaning veterans typically must go through a provider at the VA and either get care there or head to the private sector. Under current VA programs, some 30% of all appointments are with private-sector providers.

Proponents of the system say it ensures that veterans get care only through properly vetted providers and ensures doctors know how to interact with veterans. Detractors say veterans ought to have unfettered access to the health provider they choose.

The top Democrat on the Senate Committee on Veterans Affairs, Montana's Jon Tester, has long maintained that the VA needs to remain at the center of care in order to allow for congressional oversight, among other reasons.

"Our nation promised veterans that we would provide care and benefits for them when they return from service," Mr. Tester said. "So, even when veterans go into their communities for care, we can't outsource the VA's responsibility to deliver on our promise."

House and Senate committees are crafting legislation that would steer the future of private care at the Department of Veterans Affairs. Photo: Charles Dharapak/Associated Press

Dr. Shulkin said the push for more private-sector care would be a "graduated approach," and he wants veterans eventually to not have to rely on VA to approve or coordinate their care. At his confirmation hearing earlier this year, Dr. Shulkin vowed to extensively change the department, while pledging to oppose privatization.

For now, the VA must coordinate care until veterans are given full transparency about their health options in order to make informed decisions, he said. Those familiar with the secretary's thinking said the goal of far-greater choice isn't imminent and could take years.

Dr. Shulkin also has said his ultimate goal is to ensure VA health care is of such quality that veterans will willingly choose it over private sector care except for what he calls “commodity care”—services more affordable to outsource, like podiatry, audiology and eyeglasses. The department needs to focus on the pillars of its expertise such as prosthetics, treating traumatic brain injury and other wounds of war, he has said.

VA documents reviewed by the Journal define even many such “foundational services” in a way that would allow the private sector to eventually provide more of them. Currently, the documents say there is “limited expertise and/or access to care in the national market” for some of those services.

“We’re trying to not only let veterans increasingly have more choice and decision making,” he said. “We’re trying to let the VA understand under that system for them to remain strong, they have to be veteran-centric. They have to treat their veterans like customers, and they have to have quality of services and access to services that is equal to or better than the private sector.”

Dr. Shulkin, formerly a CEO of a private health care system who was tapped by former President Barack Obama to lead the VA’s health-care system, said he is focused on transparency, which includes publishing statistics about quality of outcomes, wait times and other factors to allow veterans to compare VA hospitals with one another, and with private hospitals. That transparency, he said, would force the VA to better serve veterans as customers who can choose where to get care.

When a reporter noted that Dr. Shulkin’s approach to VA care seems to agree with what the fiscally conservative Koch-aligned group has proposed, the VA secretary said, “Well if it is, that’s by coincidence.”

Write to Ben Kesling at benjamin.kesling@wsj.com and Peter Nicholas at peter.nicholas@wsj.com

From: DJS
Sent: Monday, November 20, 2017 8:46 AM
To: Ulyot, John
Cc: O'Brien, Milli
Subject:

Can you get me A print out of the story today in the Wall Street journal

Sent with Good (www.good.com)

Document ID: 0.7.10678.1139340-000001

Owner: (b) (6)

Filename: image001.jpg

Last Modified: Tue Nov 21 10:41:48 CST 2017



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PA-18-0457-000116

Document ID: 0.7.10678.1139340-000002

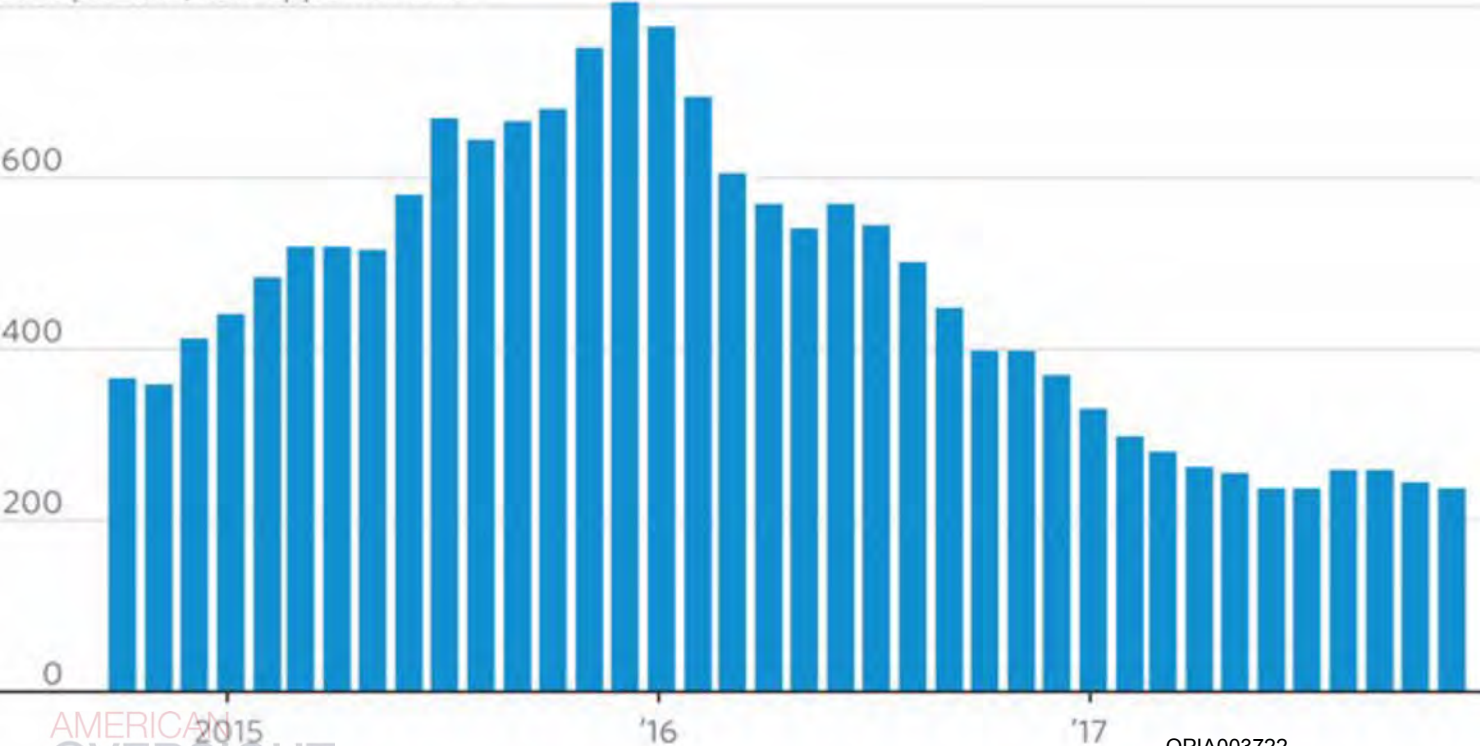
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Filename: image002.jpg

Last Modified: Tue Nov 21 10:41:48 CST 2017

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800 per 100,000 appointments



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Source: Department of Veterans Affairs

OPIA003722

VA-18-0457-F-004118

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Owner: (b) (6)

Filename: image003.jpg

Last Modified: Tue Nov 21 10:41:48 CST 2017



From: Spero, Casin D. (b) (6)
To: (b) (6)
Cc: Ulliyot, John (b) (6)
Bcc: (b) (6)
Subject: Re: (No Subject)
Date: Tue Nov 21 2017 10:36:01 CST
Attachments: image001.jpg
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Subject: FW: (No Subject)

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To: DJS; Ulliyot, John
Subject: RE:

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Veterans Affairs Secretary David Shulkin, shown earlier this month, has enjoyed rare bipartisan support. Photo: Jacquelyn Martin/Associated Press

By

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Sent: Monday, November 20, 2017 8:46 AM
To: Ulyot, John
Cc: (b) (6)
Subject:

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Sent with Good (www.good.com)

Document ID: 0.7.10678.1139339-000001

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Filename: image001.jpg

Last Modified: Tue Nov 21 10:36:01 CST 2017



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PA-18-0457-000126

Document ID: 0.7.10678.1139339-000002

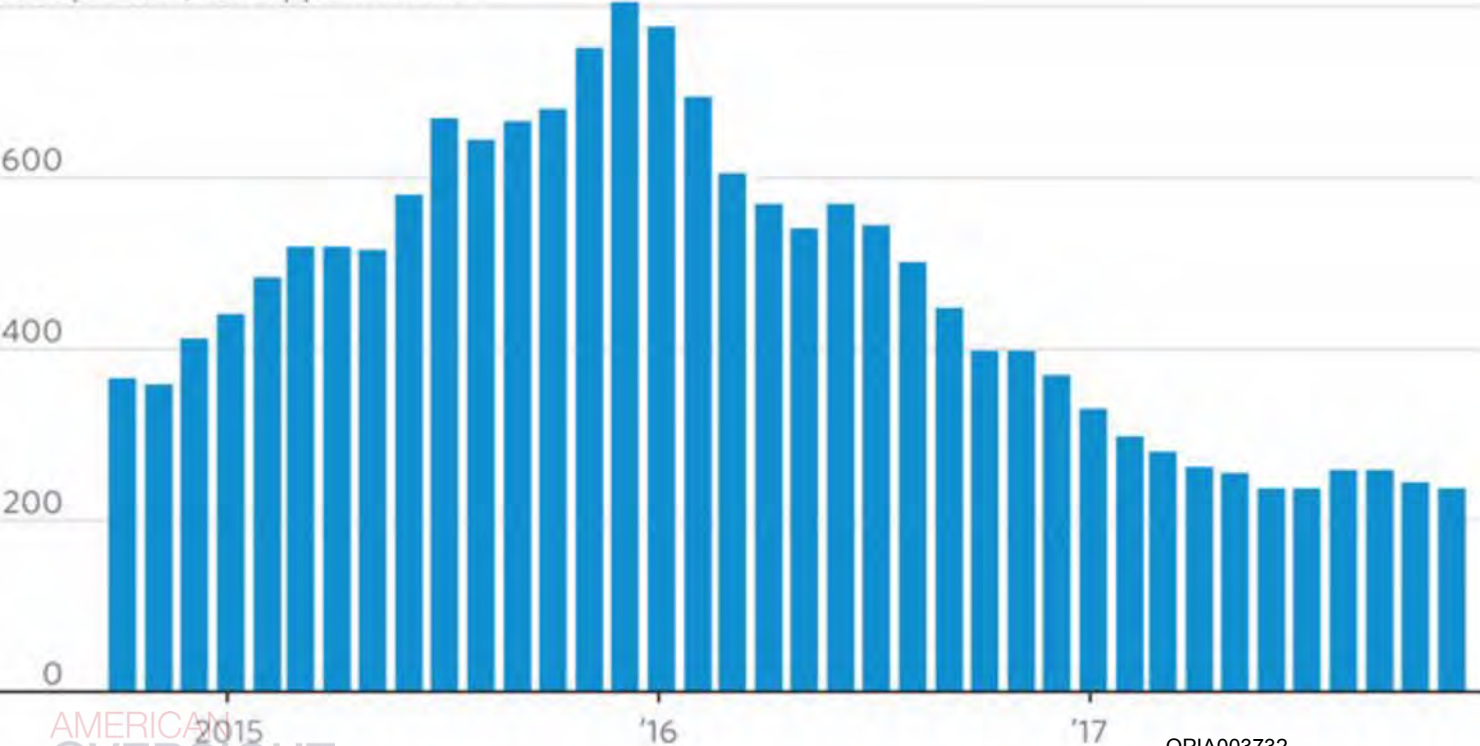
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Filename: image002.jpg

Last Modified: Tue Nov 21 10:36:01 CST 2017

VA appointments scheduled exceeding 90 days

800 per 100,000 appointments



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OPIA003732

Source: Department of Veterans Affairs

VA-18-0457-F-004128

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Filename: image003.jpg
Last Modified: Tue Nov 21 10:36:01 CST 2017



From: Ulliyot, John (b) (6)
To: Spero, Casin D. (b) (6)
Cc:
Bcc:
Subject: RE: [EXTERNAL] What They Are Saying Today About Secretary Shulkin's Travel Transparency
Date: Fri Sep 29 2017 18:16:57 CDT
Attachments:

Sure what do you propose?

Sent with Good (www.good.com)

-----Original Message-----

From: Spero, Casin D.
Sent: Friday, September 29, 2017 06:34 PM Eastern Standard Time
To: Ulliyot, John
Subject: RE: [EXTERNAL] What They Are Saying Today About Secretary Shulkin's Travel Transparency

John,

Let me know if you want to try and get this out somehow from SecVA, could help us change the narrative back in our favor on Twitter.

Thanks,
Casin

Sent with Good (www.good.com)

-----Original Message-----

From: (b) (6)
Sent: Friday, September 29, 2017 06:30 PM Eastern Standard Time
To: Spero, Casin D.
Subject: [EXTERNAL] What They Are Saying Today About Secretary Shulkin's Travel Transparency

Veterans AFFAIRS

VA News Release

What They Are Saying Today About Secretary Shulkin's Travel Transparency
09/29/2017 05:38 PM EDT

What They Are Saying Today About Secretary Shulkin's Travel Transparency

VA news release from this morning: <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2958>.

Amid Cabinet controversies, VA promises to post secretary's travel details online Leo Shane III, Military Times

"In response to the growing scandal of Cabinet officials using pricey private aircraft for business trips, Veterans Affairs officials announced Friday they will post details of all official travel by department Secretary David Shulkin online to provide transparency about his travels. 'Veterans and taxpayers have a right to know about my official travel as secretary, and posting this information online for all to see will do just that...', Shulkin said."

VA Secretary David Shulkin discloses official travel details Jessica Estepa, USA TODAY

"Veterans Affairs Secretary David Shulkin announced Friday that his department would disclose details about his official travels, in an attempt to be transparent as the travels of other members of the administration come under scrutiny. The department will regularly update a page that includes any travels by private and government aircraft, as well as itineraries of official international and domestic trips. 'Under this administration, VA is committed to becoming the most transparent organization in government, and I'm pleased to take another step in that direction with this move,' Shulkin said in a statement."

Shulkin says no charter jets as VA secretary, launches new website tracking his travel By Dan Diamond, PoliticoPro

"Shulkin – ...with unusual bipartisan support in Congress — announced a new website that includes Shulkin's itineraries and details about his use of non-commercial jets. The VA said the site will be updated within five business days after the conclusion of an official trip. Shulkin described this as the latest move toward transparency at an agency that has been mired in scandal over the past several years. Shulkin has also posted wait times at VA facilities, lists of disciplinary actions against employees and other data."

VA publicizes Shulkin's travel schedule amid scrutiny over Cabinet spending Nikki Wentling, Stars & Stripes

"VA announced it will post Shulkin's itineraries of international and domestic trips, as well as who accompanies him and whether he uses private or government aircraft. On Friday, the information was online at the VA's new 'Secretary's Travel' page."

###

Keep updated & let us know how we're doing.

You have received this message because you are subscribed to Veterans Affairs. Access your Subscriber Preferences to make changes to your subscription or Unsubscribe. Get this as a forward? Sign Up to receive updates from Veterans Affairs. Having questions or problems? Please visit subscriberhelp.govdelivery.com for assistance.

If you are in crisis and need immediate help, please call 1-800-273-8255 and (PRESS 1) or visit <http://www.veteranscrisisline.net/>.

Please remember the only secure way to ask personal questions is at <https://iris.custhelp.com>.

Explore VA benefits at explore.va.gov

Sent to casin.spero@va.gov on behalf of US Department of Veterans Affairs
810 Vermont Avenue, NW · Washington, DC 20420

From: Spero, Casin D. [REDACTED]
[REDACTED]
To: (b) (6) [REDACTED]
Cc: Ulliyot, John (b) (6) [REDACTED]
Bcc: [REDACTED]
Subject: Handouts from Surrogates Meeting
Date: Fri Nov 17 2017 11:43:54 CST
Attachments: 2017 11 16-3 Key SecVA Messages[1].docx
Talking Points on VA's Veteran CARE Plan[1].docx

[REDACTED],

As promised, attached are the handouts from yesterdays meeting. I thought the meeting went really well overall and we look forward to working more with you in the future.

Please let us know if you need anything else.

Thanks!
Casin

Document ID: 0.7.10678.1737634-000001

Owner: Spero, Casin D. (b) (6)

Filename: 2017 11 16-3 Key SecVA Messages[1].docx

Last Modified: Fri Nov 17 11:43:54 CST 2017



Choose VA

EARNING VETERANS' TRUST Veterans lost trust in VA after the 2014 access crisis. When VA's Veteran Experience Office first collected Veteran feedback, only 55 percent trusted VA to fulfill the country's commitment to them. VA knows the way to regain trust is with reforms that make VA stronger and provide better service and outcomes for Veterans, all while being transparent and accountable. VA's doing just that, and VA is earning back Veterans' trust. Nearly 70 percent of Veteran respondents recently reported they trust VA to fulfill the country's commitment to them. Seventy-six percent reported receiving the care or service they needed, 70 percent reported feeling like a valued customer, and 67 percent reported it was easy to get the care or service they needed. All improvements. *VA has more work to do, but the department is headed in the right direction. Here are some reasons why.*

FIVE PRIORITIES TO MODERNIZE VA From the outset, Secretary Shulkin sharply focused the entire Department of Veterans Affairs on his five priorities—providing **greater choice** for Veterans, **modernizing systems**, **focusing resources**, improving **timeliness**, and **preventing Veteran suicide**, the Department's top clinical priority.

GREATER CHOICE

Veterans Coordinated Access & Rewarding Experiences (CARE) CARE will improve Veterans' health care access and provide a better Veteran experience. It builds on the best features of VA's existing community care programs and strengthens VA's ability to provide care in its facilities. To meet Veterans' needs quickly in a way that's easy to understand, the bill aims to clarify and simplify eligibility requirements, set the framework for VA to continue to building a high-performing network, streamline clinical and administrative processes, implement new care coordination support for Veterans, and merge and modernize community care programs.

Expanding Telehealth Technologies VA's modernizing with innovative technologies that give Veterans the most accessible healthcare in the country. Over 15 years, the number of Veterans accessing VA telehealth has skyrocketed from a few thousand to well-over 1 million. Over 3.5 million Veterans use MyHealthVet accounts that help them organize and schedule appointments, manage medicines, and communicate with their healthcare team over secure web-based messaging. VA's simple and secure video conferencing "Anywhere to Anywhere" system literally puts healthcare access in the Veteran's pocket. It connects Veterans to providers so they can remotely treat Veterans using a computer, tablet, or mobile phone. More locations are using VA Video Connect – a mobile phone and computer app that connects Veterans to providers across the country. And VA's new Online Scheduling Tool is now available at over 100 sites so Veterans can use mobile devices or computers to schedule appointments.

MODERNIZING SYSTEMS

Electronic Health Record Modernization. Veterans' health and safety is one of our nation's highest priorities. Critical to meeting that priority is a complete and accurate Veteran health record in a single, common electronic health record system. That's why VA is adopting the same electronic health record the Department of Defense (DoD) uses. VA's Electronic Health Record Modernization plan will improve VA services and significantly enhance coordination of care for Veterans – not only at VA facilities, but also with DoD and community providers. The new EHR system will keep pace with health information technology and cyber security improvements. Veteran health information will reside in a single system providing seamless care between the two departments. VA can better share Veteran health information with community partners. And for transitioning service members, medical records will be at VA the day they leave service.

VA Whistleblower and Accountability Act. VA is committed to protecting whistleblowers. VA is equally committed to using all available authorities to discipline or terminate employees who violate the public trust or fail to fulfill their duties. The VA Accountability and Whistleblower Protection Act, which President Trump signed into law in June, helps the department do just that. VA is also the only federal agency to post employee disciplinary actions online. This year, over 1160 employees have been fired, over 380 suspended, and more than 61 have been demoted. And 15 senior VA officials have been disciplined for failing to provide Veterans with an adequate standard of care.

Transparency For Access VA's online "[Access and Quality Tool](#)" shows local wait times and other important quality-of-care data for every one of the department's medical centers across the country. Making data on quality and Veteran satisfaction public goes a long way, and no other health system in the country is as transparent as VA. It's all about empowering Veterans with the information they need to make their best healthcare choices.

FOCUSING RESOURCES

To maximize resources for Veterans, VA has repurposed or disposed of 110 of 430 vacant or mostly vacant buildings that have been costing taxpayers about \$7 million a year to maintain. And VA is on track to meet its goal of initiating disposal or reuse actions for all 430 buildings by June 2019. There are nearly 800 more under-utilized buildings VA's looking at to see if there are additional efficiencies VA can reinvest in better serving Veterans.

IMPROVING TIMELINESS

Same-Day Services VA now provides same-day service for primary care and mental health at every one of its medical centers, and VA's expanding same-day access to its Community Based Outpatient Clinics. Today, over 96 percent of Veteran appointments are within 30 days of the clinically indicated or Veteran's preferred date. Over 84 percent are within 7 days, and over 22 percent are same-day appointments. And the average wait time for primary care appointments is just over 4 days, less than 7 days for specialty care, and less than 3 days for mental health care.

Appeals Modernization On August 23, President Trump signed into law the Veterans Appeals Improvement and Modernization Act of 2017. The law streamlines VA's appeals process for disability compensation claims by eliminating unnecessary and repetitive steps. It gives Veterans more choices about how to proceed with their claim and lets them tailor the process to their needs. It protects Veterans' rights by preserving the earliest possible effective date for an award of benefits, no matter what path the Veteran chooses. And it improves the quality and accuracy of decisions by creating feedback mechanisms so VA can continue to improve the system. All that will mean is better, faster decisions on Veterans' appeals.

PREVENTING VETERAN SUICIDE

Preventing Veteran Suicide This is VA's top clinical priority. VA research estimates 20 Veterans die by suicide each day, and 14 of those 20 don't receive care in VA. We know VA mental health care helps. That's why VA is increasing suicide prevention and mental health care efforts. In fact, VA expanded access to mental health care for some of the country's most vulnerable Veterans, those with other-than-honorable administrative discharges. VA's REACH VET Predictive Modeling identifies Veterans at high risk for suicide so providers can enhance Veterans' care based upon their risk. VA's Veteran Crisis Line is more responsive than ever with an average roll-over rate of less than 1 percent. And in September, Suicide Prevention Month, VA welcomed Tom Hanks to put his voice to VA's #BeThere social media campaign to end Veteran suicide. Senior VA leaders nationwide have signed VA's Suicide Prevention Declaration, committing their organizations to significant steps to help end Veteran suicide.

Bringing Veterans Home, VA ramped up efforts to end Veteran homelessness in 2010. Since then, more than 480,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from becoming homeless. Altogether, there's been a nearly 50 percent reduction in homelessness among Veterans, and the country saw a 17 percent decrease from 2015 to 2016, alone. Today, 54 communities and three states – Connecticut, Delaware and Virginia – have effectively ended Veteran homelessness. That's thanks to collaboration and partnerships from the federal to the local level, and it's an example of VA partnerships at their best – sharing information, best practices, and resources to support the country's Veterans.

OTHER IMPORTANT INITIATIVES FOR VETERANS & THEIR FAMILIES

Reducing Opioid Use Our country's opioid crisis is a public health emergency. VA believes the national crisis demands a national partnership approach. So the Trump Administration is joining forces across the executive and legislative branches. And when it comes to treating pain and substance abuse, VA is widely recognized as a leader in pain management and responsible use of opioids by focusing on education, pain management, risk mitigation, and addiction treatment. In fact, over the last 5 years, VA has reduced the number of Veteran patients receiving opioids by over 260,000. VA is sharing its knowledge and experience with federal, state, and local partners and across the nation's health-care networks. On August 1, Secretary Shulkin released VA's top eight best practices grounded in what VA has learned. These best practices are invaluable tools for others working to balance pain management and opioid prescription rates.

Curing Hepatitis C VA is working hard to eliminate Hep C among Veterans and making significant progress. VA is treating 2,500 Veterans each month, and over 100,000 have been treated so far. The cure rate among Veterans treated with HCV direct-acting antivirals is nearly 96 percent.

Veterans' Family, Caregiver, and Survivor Advisory Committee At the end of October, VA hosted the inaugural meeting of its new Veterans' Family, Caregiver, and Survivor Advisory Committee, chaired by Senator Elizabeth Dole. Committee members represent all Veteran constituencies, and the depth of their experience is phenomenal. This new committee will advise the Secretary on all aspects of care, benefits, services, and research that can improve the experience and lives of Veteran families, caregivers, and survivors. They'll help VA partner better, bringing together the private sector, non-profits, and Veteran and Military Service Organizations to support Veterans. And they're looking for bold initiatives to make deep change that's possible and necessary for Veterans, their families, and their caregivers.

Choose Home Moonshot VA's Choose Home Moonshot is going to work to better integrate delivery of VA's wide range of services, better support Veterans and their caregivers in their homes and communities, and encourage collaboration among community providers, non-profits, faith-based organizations and Veteran and Military Service Organizations.

Veteran Families and Caregivers Center of Excellence VA already has 84 Centers of Excellence focused on research important to Veterans – polytrauma, psychological health, traumatic brain injury, geriatrics, multiple sclerosis, and more. And since VA is a leader in research on caregiving, it is establishing VA's Center of Excellence for Research on Veteran Families and Caregivers.

Veteran Friendly Communities. On August 3, Secretary Shulkin announced VA's Veteran Friendly Communities program. Veteran Friendly Communities will highlight great local organizations and their accomplishments supporting Veterans, recognize outstanding community members, and distinguish the best local efforts in national forums. It's a way for VA to thank those across the country helping VA serve Veterans.



Choose VA

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Owner: Spero, Casin D. </o=va/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=spero, casin d.f32>
Filename: Talking Points on VA's Veteran CARE Plan[1].docx
Last Modified: Fri Nov 17 11:43:54 CST 2017

Veterans Coordinated Access & Rewarding Experiences (CARE)



Choose **VA**

VA's Veterans Coordinated Access & Rewarding Experiences (CARE) **proposal** will improve Veterans' experiences with and access to VA health care. It builds on the best features of VA's existing community care programs and strengthens VA's ability to furnish care in its facilities.

To meet Veterans' needs quickly and in a way that's easy to understand, the bill aims to

- Clarify and simplify eligibility requirements.

- Set the framework for VA to continue to build a high-performing network.

- Streamline clinical and administrative processes.

- Implement new care coordination support for Veterans.

- And merge and modernize community care programs.

Under Veteran CARE, Veterans will work with their VA physicians to make *clinically* informed decisions that best meet Veterans' clinical needs, whether that's in VA or in the community.

Veteran CARE would replace current wait-time and distance eligibility administrative criteria ("30-day/40-mile") that the Choice Program uses. Instead, **CARE** puts Veterans and their physician at the center of the decision-making process on how and where to get the best care available. It's a *clinical* criteria. **CARE** ensures VA is improving medical facilities and staffing levels to meet Veterans' needs in areas where VA care might fall short. And **Veteran CARE** offers *options* for Veterans to use a network of walk-in clinics for minor illnesses and injuries.

And **CARE** strengthens VA services by including:

- Proposals for new workforce tools to assist in maintaining and strengthening VA's world-class medical staff.

- A number of business process enhancements to improve financial management of VA's Community Care program.

- Provisions to strengthen VA's ability to partner with other federal agencies and streamline VA's real property management authorities.

From: Spero, Casin D. (b) (6)
To: Ulliot, John (b) (6)
Hutton, James
(b) (6)
on>; Cashour,
Curtis (b) (6)
(b) (6)
Cc:
Bcc:
Subject: FW: (No Subject)
Date: Tue Nov 21 2017 10:09:09 CST
Attachments: image001.jpg
image002.jpg
image003.jpg

John,

Secretary wants to put out a tweet regarding the WSJ – will review with curt.

Thanks,
Casin

From: (b) (6)
Date: Tuesday, November 21, 2017 at 11:03 AM
To: Department of Veterans Affairs Department of Veterans Affairs <casin.spero (b) (6)>
Subject: FW: (No Subject)

I want to post this article below on twitter with the following from me

Working to improve VA and strengthen VA services requires reforms an new ways of thinking but does not mean privatization. Our veterans need a strong VA and I am not supportive of privatizing this vital national resource.

Sent with Good (www.good.com)

From: (b) (6)
Sent: Monday, November 20, 2017 5:55:17 AM
To: DJS; Ulliot, John
Subject: RE:

VA Secretary Shulkin Wants Bigger Role for Private Health Care

Agency's top official says hospital system should compete with outside providers

Veterans Affairs Secretary David Shulkin, shown earlier this month, has enjoyed rare bipartisan support. Photo: Jacquelyn Martin/Associated Press

By

Ben Kesling and Peter Nicholas

WASHINGTON—The top official at the Department of Veterans Affairs said he wants private-sector providers to play a larger role in veterans' health care, a view likely to draw opposition for a Trump cabinet member who has enjoyed rare bipartisan support.

David Shulkin said in an interview that he wants to make the VA's hospital system compete with private-sector providers for military veteran customers, which he said would give veterans greater choice over their health care.

His view on the future of the VA resembles that of the politically conservative Koch brothers, who recently announced they are launching a major effort to reshape the future of the nation's largest health-care system.

"The direction I'm taking this is to give veterans more choice in their care," Dr. Shulkin said, speaking from his office, "and be the decision maker for their care, which I fundamentally believe is a concept that has to be implemented."

House and Senate committees on veterans affairs are crafting legislation that would steer the future of private care at the VA. It would replace a law passed in 2014 in the wake of a wait time scandal. That law dramatically increased the number of appointments veterans get in the private sector using VA funding.

Created with Highcharts 5.0.14
Making A Dent
Extended wait times for VA hospital appointments have decreased significantly since early 2016.
VA appointments scheduled exceeding 90 days
THE WALL STREET JOURNAL
Source: Department of Veterans Affairs

Created with Highcharts 5.0.14
2015201620170100200300400500600700800

While lawmakers and major veterans advocates have praised Dr. Shulkin's efforts at the department, a number of Democrats and veterans organizations have said they would oppose what they consider to be steps toward privatization. Some say this approach increases access to health care, while opponents argue it slowly chokes off funding to government-run facilities.

Other major veterans advocacy groups have pledged to fight privatization moves, though some said Dr. Shulkin's vision for the department is a seemingly new position for him.

"We have not heard Secretary Shulkin say that, and we are pleased with how transparent he's been," said Kayda Keleher, spokeswoman for Veterans of Foreign Wars, a major advocacy organization.

She said her organization's position is that the VA has to remain at the center of care. "There is no provider and there's no health-care insurance that doesn't have someone watching over their insurance plan," she said.

Dr. Shulkin said the main impediment under the existing VA structure to giving veterans what he called "full, unrestricted choice"—or minimizing the VA's role as the coordinator or gatekeeper of health care—is cost. The Congressional Budget Office has estimated that extensive outsourcing of veterans care to the private sector would balloon budgets at the VA by tens of billions of dollars.

The VA serves as the coordinator of care, meaning veterans typically must go through a provider at the VA and either get care there or head to the private sector. Under current VA programs, some 30% of all appointments are with private-sector providers.

Proponents of the system say it ensures that veterans get care only through properly vetted providers and ensures doctors know how to interact with veterans. Detractors say veterans ought to have unfettered access to the health provider they choose.

The top Democrat on the Senate Committee on Veterans Affairs, Montana's Jon Tester, has long maintained that the VA needs to remain at the center of care in order to allow for congressional oversight, among other reasons.

"Our nation promised veterans that we would provide care and benefits for them when they return from service," Mr. Tester said. "So, even when veterans go into their communities for care, we can't outsource the VA's responsibility to deliver on our promise."

House and Senate committees are crafting legislation that would steer the future of private care at the Department of Veterans Affairs. Photo: Charles Dharapak/Associated Press

Dr. Shulkin said the push for more private-sector care would be a "graduated approach," and he wants veterans eventually to not have to rely on VA to approve or coordinate their care. At his confirmation hearing earlier this year, Dr. Shulkin vowed to extensively change the department, while pledging to oppose privatization.

For now, the VA must coordinate care until veterans are given full transparency about their health options in order to make informed decisions, he said. Those familiar with the secretary's thinking said the goal of far-greater choice isn't imminent and could take years.

Dr. Shulkin also has said his ultimate goal is to ensure VA health care is of such quality that veterans will willingly choose it over private sector care except for what he calls "commodity care"—services more affordable to outsource, like podiatry, audiology and eyeglasses. The department needs to focus on the pillars of its expertise such as prosthetics, treating traumatic brain injury and other wounds of war, he has said.

VA documents reviewed by the Journal define even many such "foundational services" in a way that would allow the private sector to eventually provide more of them. Currently, the documents say there is "limited expertise and/or access to care in the national market" for some of those services.

"We're trying to not only let veterans increasingly have more choice and decision making," he said. "We're trying to let the VA understand under that system for them to remain strong, they have to be veteran-centric. They have to treat their veterans like customers, and they have to have quality of services and access to services that is equal to or better than the private sector."

Dr. Shulkin, formerly a CEO of a private health care system who was tapped by former President Barack Obama to lead the VA's health-care system, said he is focused on transparency, which includes

publishing statistics about quality of outcomes, wait times and other factors to allow veterans to compare VA hospitals with one another, and with private hospitals. That transparency, he said, would force the VA to better serve veterans as customers who can choose where to get care.

When a reporter noted that Dr. Shulkin's approach to VA care seems to agree with what the fiscally conservative Koch-aligned group has proposed, the VA secretary said, "Well if it is, that's by coincidence."

Write to Ben Kesling at benjamin.kesling@wsj.com and Peter Nicholas at peter.nicholas@wsj.com

From: (b) (6)
Sent: Monday, November 20, 2017 8:46 AM
To: Ulyot, John
Cc: (b) (6)
Subject:

Can you get me A print out of the story today in the Wall Street journal

Sent with Good (www.good.com)

Document ID: 0.7.10678.1738077-000001

Owner: Spero, Casin D. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=spero, casin d.f32>

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Last Modified: Tue Nov 21 10:09:09 CST 2017



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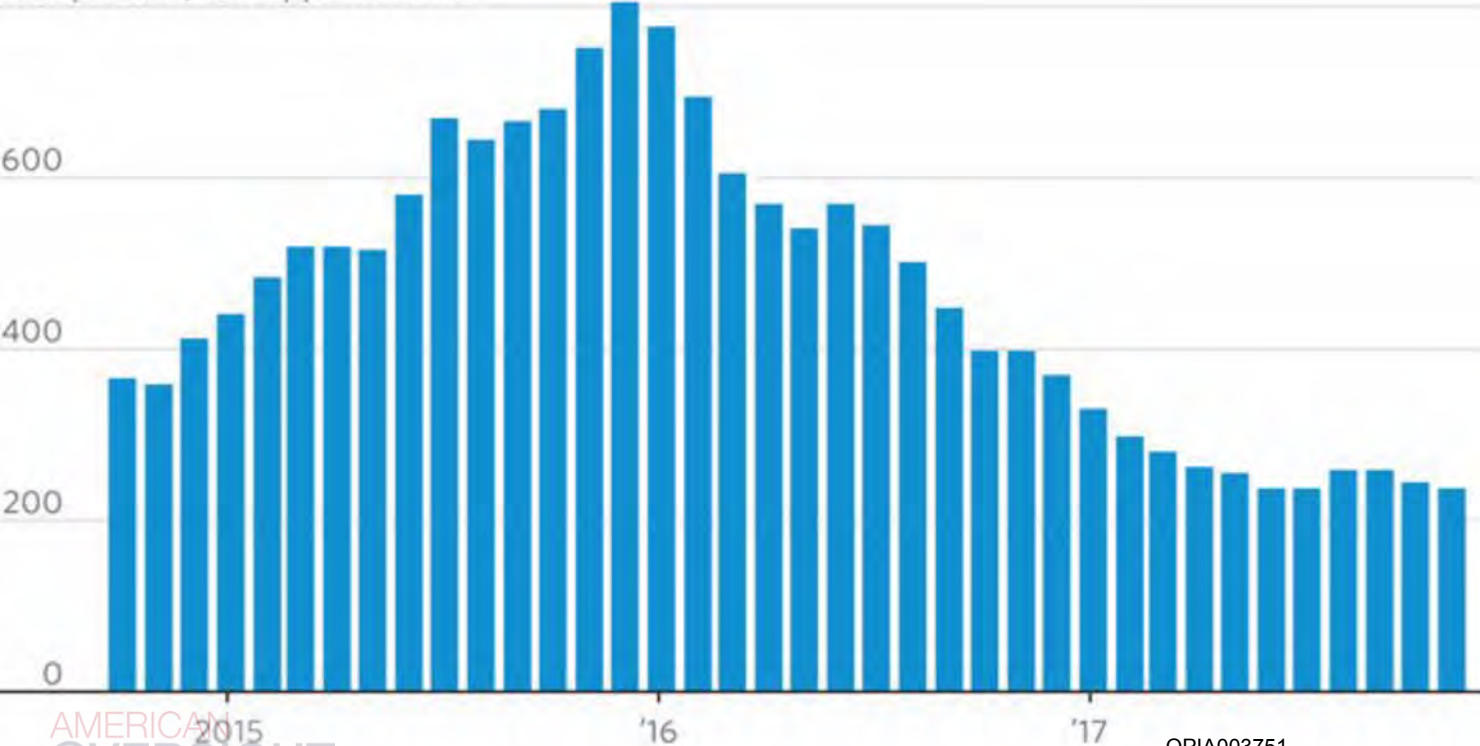
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Filename: image002.jpg

Last Modified: Tue Nov 21 10:09:09 CST 2017

VA appointments scheduled exceeding 90 days

800 per 100,000 appointments



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Source: Department of Veterans Affairs

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VA-18-0457-F-004147

Document ID: 0.7.10678.1738077-000003

Owner: Spero, Casin D. (b) (6)

Filename: image003.jpg

Last Modified: Tue Nov 21 10:09:09 CST 2017



From: Hutton, James (b) (6)
To: (b) (6)
Cc: Ulliot, John (b) (6)
Wagner, John
(Wolf) (b) (6)
Cashour, Curtis
> Spero, Casin D.
spero, casin d.f32>
Bcc:
Subject: VA Comms Update - Feb. 26, 2018
Date: Mon Feb 26 2018 15:28:58 CST
Attachments: image001.jpg

Inquiries

***** No significant queries

Top Stories

***** Stars and Stripes: Shulkin looks to shake off travel controversy and move forward with VA reform

***** Stars and Stripes: VA pilot program pairs pups with veterans suffering with PTSD

***** The GW Hatchet: Student veterans push to bring federal health benefits to campus

Top Issues and Accomplishments

***** Secretary Shulkin will give remarks at the below conferences, all are open to media

- o February 27- American Legion Conference

o February 28- National Association of State Directors of Veterans Affairs (NASDVA) mid-winter conference at 10:00am

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

(b) (6)

VA on Facebook . Twitter . YouTube . Flickr . Blog

Document ID: 0.7.10678.1761256-000001

Owner: Hutton, James <(b) (6)>

Filename: image001.jpg

Last Modified: Mon Feb 26 15:28:58 CST 2018

image001.jpg for Printed Item: 175 (Attachment 1 of 1)



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From: Hutton, James (b) (6)
To: (b) (6)
Cc: Ulliot, John (b) (6); Tallman, Gary
(b) (6); Wagner, John
(Wolf) (b) (6); Cashour, Curtis
(b) (6); Spero, Casin D.
(b) (6) >
Bcc:
Subject: VA Comms Update - March 2, 2018
Date: Fri Mar 02 2018 11:50:10 CST
Attachments: image001.jpg

Inquiries

***** No significant queries

Top Stories

***** CNN (Video): Embattled VA Secretary Shulkin faces skeptical Congress

***** The Hill: GOP lawmaker to Trump: Shulkin 'lacks the moral authority' to lead VA

***** Military Times: Study: Private sector may not be ready for new veteran patients

Top Issues and Accomplishments

***** March 5th: Secretary Shulkin will speak at the National Association of Counties Legislative Conference (NACO) at 9:30am (Open Press)

***** March 9th: Secretary Shulkin will speak at the HIMSS Conference (Healthcare Information and Management Systems Society) at 9:30am (Press Availability following)

***** March 9th: Secretary Shulkin will speak at the Southern Nevada Healthcare System (Open Press) at 2:30pm

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

(b) (6)

VA on Facebook . Twitter . YouTube . Flickr . Blog

Document ID: 0.7.10678.1761562-000001

Owner: Hutton, James (b) (6)

Filename: image001.jpg

Last Modified: Fri Mar 02 11:50:10 CST 2018

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VA-18-0457-F-004157

From: Ulyot, John (b) (6)
To: (b) (6)
Cc: Hutton, James (b) (6)
Cashour,
Curtis (b) (6)
Spero, Casin D.
(b) (6)
Bcc:
Subject: LA Times op-ed on Secretary Shulkin
Date: Wed Feb 28 2018 09:12:48 CST
Attachments:

FYI — this just posted in the LA Times

<http://www.latimes.com/opinion/op-ed/la-oe-shaub-va-secretary-shulkin-travel-scandal-20180228-story.html>

In any other presidency, our 'insufficiently accurate' secretary of Veterans Affairs would be gone

By WALTER SHAUB
FEB 28, 2018 | 4:05 AM

Veterans Affairs Secretary David Shulkin testifies before the House Veterans' Affairs Committee on Capitol Hill in Washington on Feb. 15. (Aaron P. Bernstein / Getty Images)

Deceiving an ethics official is a serious offense for a government employee. Can we agree on that?

Now imagine you're a Cabinet official leading an agency of a few hundred thousand employees. One day last spring, you decide to accept an invitation to a July conference in Europe. Your chief of staff alters a federal record so your wife can tag along at government expense. You tell a staffer with a six-figure salary to play personal travel concierge for your wife. (The staffer later emails a colleague: "Boss told me 'if she's happy, I'm happy and you're happy.'") On the trip, your entourage idles as you devote much of your time to leisure. The whole thing costs taxpayers more than \$122,000.

Shulkin announced a plan to purge the VA of everyone who engaged in "subversion" against him.

Share quote & link

Along the way, without consulting your agency's ethics office, you accept free tickets to the women's finals match at Wimbledon, and a court-side meal, from the 2016 CEO of the Invictus Games, a sports competition for injured veterans and service members. Two months later, you learn that a reporter is sniffing around and you ask your agency's lead ethics official for an "expedited" opinion on the tickets

and the free lunch. In response to her questions, you tell the ethics official that the gift-giver is your wife's friend. (There's an exception to the gift ban when it's "clear" a gift is motivated solely by a personal relationship.)

This fact pattern comes from a report issued Feb. 14 by an inspector general of the Department of Veterans Affairs. Let's consider the evidence and see if we think VA Secretary David Shulkin was being straight about the friendship between his wife and the woman who gave the gifts. (Spoiler Alert: He wasn't.)

* When asked by investigators, the woman could not remember the name of Shulkin's wife. Three months before supplying the Wimbledon tickets, the woman asked a mutual acquaintance for an introduction to Shulkin. She denies this, but investigators spoke with the acquaintance and obtained a contemporaneous email conveying her request to Shulkin.

* Before the Wimbledon tournament, Shulkin and his wife had encountered the woman only three times at functions related to his VA work. The woman later remembers "significant ...chatting" with Shulkin's wife while he was "making the rounds."

* Shulkin could not produce a single letter, postcard, voicemail message, email or text with the woman predating the planning for the Europe trip. Investigators reviewed his wife's phone records and found no evidence of calls with the woman in the year before the tournament.

* Shulkin's lawyers produced only one pair of texts exchanged two months after the tournament, and the sequence of events surrounding them is suspicious. The woman emailed Shulkin that a reporter had been asking questions about the Wimbledon tickets. Immediately thereafter, his wife called the woman. After the call, they exchanged text messages that read as though the two hadn't just spoken ("Hope you're both keeping well!"). The texts contained an offer and declination of reimbursement for the tickets. That same day, Shulkin requested the post hoc ethics opinion.

* The next day, as the first news story related to the trip expenses was about to be published, Shulkin's press secretary released a statement that all activities associated with the trip "including Wimbledon" were approved by the ethics office. When ethics officials objected that the statement was untrue, the press secretary told them Shulkin was responsible for its contents; Shulkin later told investigators he didn't recall telling the press secretary what to say.

* On the day they attended the tournament, emails indicate that the woman asked Shulkin for help getting into a veterans event scheduled for the following week. She and Shulkin say he didn't help her. But three days after the woman requested his help, one of the event's planners sent an email that reads: "Secretary Shulkin may wish to be aware that [the woman] will attend the conference on [Wednesday and Thursday] morning."

For his part, Shulkin attacked the VA's inspector general as having an "agenda." He also claimed hackers altered the federal record that his chief of staff used to get the VA to cover his wife's travel expenses. One day after the inspector general released the report, and notwithstanding a denial and defense issued by his private attorneys, Shulkin told Congress he had ponied up for his wife's travel expenses and for the Wimbledon tickets. His chief of staff retired a day later. A few days after that, Shulkin announced a plan to purge the VA of everyone who engaged in "subversion" against him.

The inspector general's report delicately concludes that the information Shulkin provided to the VA's ethics office was "insufficient to accurately describe his or his wife's relationship" with the supplier of the Wimbledon tickets as a "personal friendship." The evidence is more than enough to warrant Shulkin's termination. Or it would be, if the Trump administration cared about government ethics.

Walter Shaub, senior director for ethics at the Campaign Legal Center in Washington, resigned as the director of the Office of Government Ethics in July 2017.

